



Recreation Services Employee Manual (4.1) Part-Time Seasonal Team

**Revised April 2021
Approved by Recreation Manager**

The Recreation Services employee manual is available online at www.eauclairewi.gov/newhire. The City Employee Handbook was used as a resource for information provided in this manual.

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Agency Authority, Role and Responsibility

Vision Statement

Eau Claire is a vibrant city with exceptional quality of life and services.

Mission Statement

To provide exceptional park, recreation, and forestry services that will enrich our citizens and visitors.

Statement of Purpose

The Recreation Division provides a diverse selection of programs, services, and facilities for the citizens of Eau Claire that focus on healthy lifestyles, social equity, and collaboration within the community.

Department Goals

Accountability – To maintain open relationships with the community.

Responsive – To provide for the needs of others.

Ingenuity – To be innovative and creative.

Professionalism – To be qualified and prepared to work.

Honesty – To be open and transparent.

Health – To provide quality opportunities for physical fitness and activity.

Environmentalism – To provide healthy spaces and places.

Security – To enforce rules fairly and consistently.

Safety – To minimize accidents.

Explorative – To learn new ways to enhance services.

Visionary Tagline Live Life Better!

CAPRA Goals

The following general department goals shall be in effect for all employees:

Authority & Relationships

Maintain open and effective relationships with the community by communicating to the public using a variety of methods, including responding to goals and objectives of the City Council.

Planning

Being an ambassador for the City of Eau Claire and a steward of the natural environment and planning for future uses.

Organization

Providing innovative organizational approaches to providing services.

Human Resources

Providing qualified and professional staff to direct, supervise, and lead department objectives.

Financial Resources

Operating the department in the most cost-effective manner possible.

Programs

Providing the best balance possible between the various recreation programs and park facilities through periodic evaluation so that the widest variety of opportunities are available to promote the health and wellness of our citizens.

Physical Resources

Ensuring that facilities, parks, and the community urban forest are acquired, built, managed, and used in a sustainable, planned, and systematic manner to meet today's needs and those of the future.

Safety

Safely conduct the operations of the department within all federal, state, and local laws.

Risk Management

Adequately manage risk within all programs, facilities and services.

Research

Periodically evaluate and research programs, facilities and services to meet the needs of all citizens.

Statements

USDA Statement

Eau Claire Parks, Recreation, and Forestry facilities and programs are operated in accordance with the US Department of Agriculture policy, which prohibits discrimination on the basis of race, color, sex, age, handicap, religion or national origin.

Americans with Disabilities Act

Eau Claire Parks, Recreation, and Forestry will make every attempt to use facilities that comply with ADA laws. The department will also use its best judgment in determining how parks and recreation services can best be provided to handicapped individuals and how facilities can be made accessible.

Planning

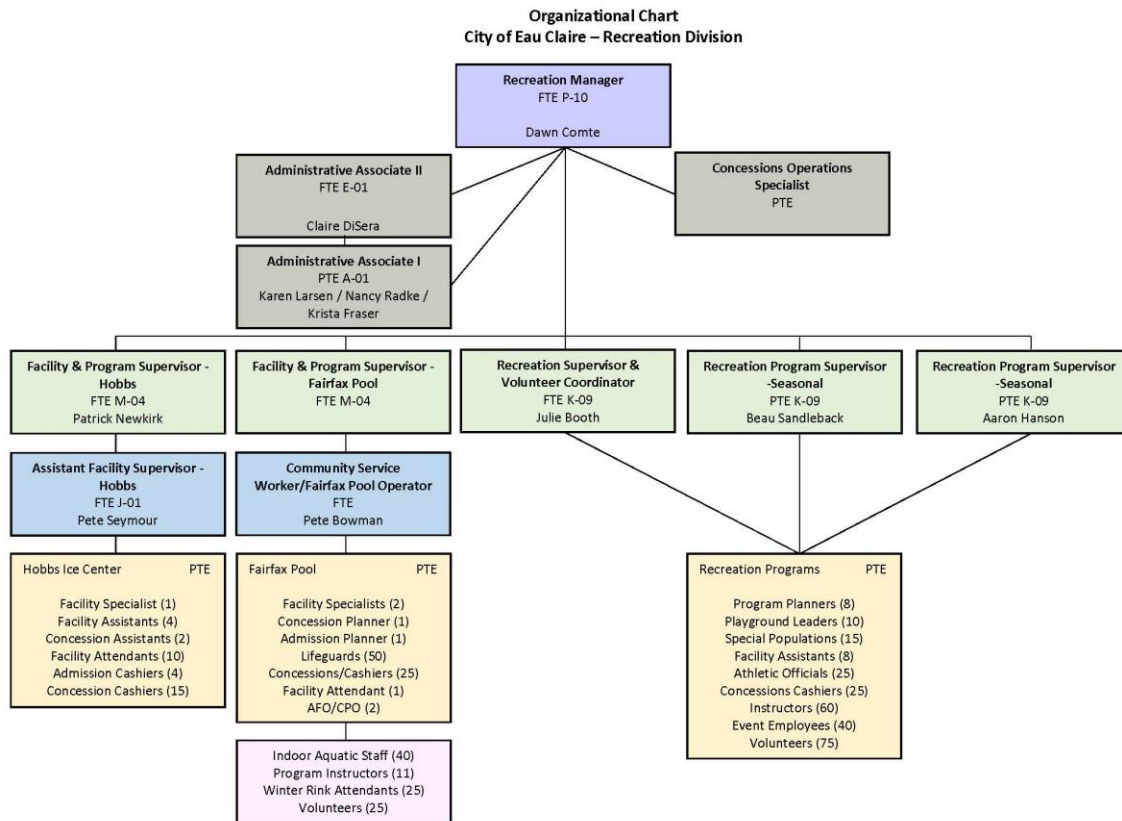
Department Relationships

The relationship between the Park Maintenance Division and the Recreation Division is flexible and requires close communication between the staff from each division. Generally speaking, the Park Maintenance Division performs all maintenance related duties within the parks, open spaces, and trails in the city of Eau Claire. The Recreation Division organizes programs and services such as ball diamond reservations, shelter reservations, conducts leagues and tournaments and other recreation programs throughout the city.

Community Planning Involvement

It shall be desirable for Eau Claire Parks, Recreation, and Forestry to have representation on any city, county, state, federal, university, private business or school district facility planning committee whenever possible. It will be the goals of that representation to offer recommendations that will avoid duplication of facilities and ensure the provision of a comprehensive selection of recreation facilities and programs for the citizens of the community.

Organization and Administration



Each staff person reports to their direct supervisor as illustrated in the above chain of command. Direct supervisors are responsible for evaluation, training, and overall supervision. If you have concerns during the season, please communicate your concerns to the appropriate party.

If you have addressed your concern with the appropriate staff member and are not satisfied with the result, please feel free to discuss your concerns with the Division Manager. Your supervisor has a genuine interest in your health and well-being and, if made aware of a concern, will do everything possible to rectify the situation to your satisfaction.

Administrative Facilities

The Parks Office located at 910 Forest Street is open:

8:00am – 5:00pm Monday – Friday

The Recreation Office located at 915 Menomonie Street is open:

8:00am – 5:00pm Monday – Friday

Customer Service

Division staff is well educated, trained, and motivated to provide positive interactions with the public that ensures that the customer feels that they are important, valued, that they are the reason we are in business, and that they are satisfied with the product they receive.

Elements of Exceptional Customer Service

1. Know who is boss. Our business is to service customer needs, and this can only be done if we know what it is our customers want. Never forget that the customer pays our salary and makes your job possible.
2. Be a great listener. Take the time to identify customer needs by asking questions and concentrating on what the customer is really saying. Listen to their words, tone of voice, body language, and most importantly, how they feel. Beware of making assumptions - thinking you intuitively know what the customer wants.
3. Appreciate the power of "Yes". Always look for ways to help our customers or improve our quality of services. When approached with a request (as long as it is reasonable) find a way to make it happen. Some decisions may require an approval from a supervisor; get them involved if necessary. Look for ways to make doing business with you easy. Always do what you say you are going to do.
4. Identify and anticipate needs. Communicate regularly so that you are aware of problems or upcoming needs. Customers don't buy products or services. They buy good feelings and solutions to problems. Most customer needs are emotional rather than logical. The more we know our customers, the better we become at anticipating their needs.
5. Give more than expected. Take the extra step to make things easier for our customers. Find an answer, help to eliminate extra steps in a process, don't transfer to another staff person. Make every effort to answer their questions or know that the next person they speak with will absolutely have the ability to provide correct information. Our existence and future relies in keeping customers happy.
6. Make customers feel important and appreciated. Treat them as individuals. Use their name and find ways to compliment them or recognize their loyalty, but be sincere. Customers are very sensitive and know whether or not you really care about them. Thank them every time you get a chance.
7. Help customers understand processes and systems. Think about how the customer is affected by our processes and systems. Are they efficient and easy to use or understand? Complicated processes or systems can create confusion, impatience, and frustration. Take time to explain how your systems work and how they simplify transactions.
8. Know how to apologize. When something goes wrong, apologize. It's easy and customers like it. The customer may not always be right, but the customer must always win. Resolve problems immediately and let customers know what you have done. Make it simple for customers to complain. Value their complaints and communicate them with your supervisor. It gives us an

opportunity to improve. Even if customers are having a bad day, go out of your way to make them feel valued.

9. Get regular feedback. Encourage and welcome suggestions about how you could improve.
 - Listen carefully to what customers say and communicate those comments to a supervisor.
 - Use the online surveys and program evaluations to invite constructive criticism, comments, and suggestions.
10. Train your team. Talk about exceptional customer service regularly. Provide your team with information and power to make immediate decisions for minor issues. Appreciate and value employees. Treating customers and employees well is equally important.

Human Resources

Employment Forms

All employees must have the following on file in the Human Resources office prior to their first scheduled shift:

1. Completed job application
2. Completed background check
3. Completed federal "Withholding Exemption Form" (W-4)
4. Completed "Employee Eligibility Form"
5. Direct deposit form
6. Signed Employee Policies & Procedure Acknowledgement Form
7. Car insurance verification form (program planners/specialists only)

Employees under 16 years of age must also obtain a work permit from their High School Principal and submit it to their supervisor. Employees will be reimbursed for the cost of the work permit.

Employees will not be scheduled until all forms are submitted.

Confidentiality

It is the policy of the City of Eau Claire to ensure that internal City operations and activities are kept confidential to the greatest possible extent. If, during the course of employment, you acquire confidential or proprietary information about the City and its citizens, such information is to be handled in strict confidence and not to be discussed with others. Employees are also responsible for the internal security of such information.

Outside Employment

As a City employee, you may hold a job with another organization as long as you satisfactorily perform your job responsibilities with the City. You will be judged by the same performance standards and will be subject to the City's scheduling demands, regardless of any existing outside work requirements.

If it is determined that your outside work interferes with performance or the ability to meet the requirements of your job with the City, you may be asked to terminate the outside employment if you wish to remain employed with the City.

Work Schedules

The City reserves the right to schedule all work hours. The hours required of your position will be indicated during your job interview, but may be subject to change at a later date. All employee work schedules will be communicated using "When to Work.com." An employee working 6 hours or more is required to take a 30 minute unpaid break. Breaks cannot be used to shorten or extend the normal work day.

Wisconsin Work Requirements for Minors ***See Appendix W Page 77*

Employee Benefits

As a part-time employee you have eligibility for limited benefits. You cannot accumulate vacation or sick leave. Days off without pay will be limited and must be approved by your immediate supervisor.

Overtime/Comp Time/Holidays

Part time employees will not normally be scheduled to work more than 40 hours per week. Overtime hours above and beyond an employee's normal workweek will not be paid, unless previously approved by our supervisor. If approved to work overtime employees will be paid 1-½ times the normal rate for that position for all hours worked over 40 in a seven-day period. No compensatory time will be given to part time/seasonal employees. In some instances Parks & Recreation programs will meet on holidays. Part time/seasonal employees scheduled to work on the holiday will only be paid their regular wage.

Bereavement Leave

Bereavement leave is granted when you need to take time-off due to the death of an immediate family member. All regular full-time and part-time employees are allowed bereavement leave. Refer to your supervisor for more details.

Forms to request bereavement leave may be obtained from your department secretary or the Human Resources Office.

Injury Leave/Workman's Compensation

All City employees are covered under the City's *Workers' Compensation Insurance Program*. Workers' compensation covers injuries or illnesses sustained in the course of employment that require medical, surgical or hospital treatment. State law and regulation govern the extent of benefits.

If you are injured on the job, you should report the injury to your supervisor immediately, no matter how minor the injury may appear. A *First Report of Injury Form* must be completed and sent to the Risk Manager within one (1) working day of the injury. [**See Appendix B for the Employee Injury Report Form** \(pages 54-55\)](#)

When missing time due to a work injury, please provide medical documentation from your health care provider, as well as an *FMLA Leave Request Form*. Any paid leave taken for this reason will be applied to your FMLA leave entitlement.

When you are able to return to work, medical documentation releasing you to return to work with restrictions or regular duty must be given to your supervisor. Your supervisor will keep a copy and will send a copy to the Risk Manager.

If your doctor indicates a light duty restriction, the City may assign you a temporary job that meets with your physician's restrictions. If you have any questions as to your ability to perform the light duty assignment, make your supervisor aware and your concerns will be reviewed with your physician prior to your beginning the assignment.

The *First Report of Injury* can be obtained from your supervisor. For more information on Compensation please refer to the City's Health and Safety Manual. Questions regarding injury leave procedures can be directed to your supervisor or the Risk Manager.

[**See Appendix V for the Facts for Injured Workers Information** \(page 76\)](#)

Jury Duty

The City encourages you to fulfill your civic responsibilities by serving jury duty when required. All regular full-time and part-time employees are eligible for jury duty pay and will receive their regularly scheduled pay by indicating jury duty leave on their timesheets for the days in which they serve. It is important that you show your jury duty summons to your supervisor as soon as possible so that your supervisor may make arrangements to accommodate your absence.

Jury duty pay will be provided for the actual time spent on jury duty that you normally would have been scheduled to work. Any payments that you receive from the Court for jury duty must be remitted to the Treasurer's Office. If you are dismissed from jury duty on any given day prior to the end of your regularly scheduled workday, you must report to work for the remainder of the workday.

Employee Assistance Program

The City of Eau Claire acknowledges that personal problems such as alcoholism, drug dependence, emotional illness and other personal problems are complex, treatable illnesses and that the same consideration should be given to employees so affected as to employees with any other treatable illness. Therefore, the City provides an employee assistance program (EAP) to help employees and their dependent family members deal with any problems in their life that may jeopardize their health, family life or job performance.

The City contracts with an EAP provider to provide this service to City employees and their families, and encourages employees to utilize the provider's resources for such problems as:

- Alcohol and other drug abuse
- A breakdown in family or other relationships
- A distressing living situation interpersonal conflict on the job
- The death of a family member or close friend
- Pregnancy
- Health problems
- Emotional or psychological distress
- Career concerns
- Legal problems
- Financial difficulties
- Retirement concerns

There is no charge to employees or their family members for EAP services. Initial discussions and short-term support and counsel are available to employees as a free company benefit. If a referral is needed for ongoing counseling, hospitalization or the resolution of other problems, the cost of these services will be your responsibility. However, health insurance will often cover a portion of these expenses.

This EAP program is completely confidential when utilized by employees on a voluntary basis. The identity of those taking advantage of the program will never be disclosed to the City.

Please contact the Human Resources Department for more information or questions about the Employee Assistance Program.

Use of City Equipment

No City-owned equipment, vehicles, tools, supplies, machines or other items which are the property of the City shall be used for personal use by an employee, except when:

- 1) Written City policy allows for such usage (i.e. Electronic Communications Policy, Use of Phone and Mail Systems Policy, Copy Charge Policy)

Fleet Policy

A. General

The City of Eau Claire Fleet Vehicle Policy addresses the operation of City owned vehicles, including autos, trucks, transit coaches, heavy off-road equipment and general light motorized equipment designed primarily for City related business. Any violation of this Policy could be cause for disciplinary action, including possible loss of driving privileges, and up to and including termination as determined by the appropriate personnel. The purpose of this policy is to ensure that employees of the City of Eau Claire who operate City owned motor vehicles and equipment in the course of their employment operate such vehicles in the safest manner possible. For full copy of this policy please see your immediate supervisor.

Electronic Communications Policy/Internet Usage

Computers, computer files, the e-mail system and software furnished to employees are City property intended for business use. All data communications and information, including information transmitted or stored on the electronic systems of the City, are the property of the City and are subject to inspection and monitoring at any time. The City strives to maintain a workplace free of harassment, and therefore, prohibits the use of computers and the e-mail system in ways that are disruptive, offensive to others, or harmful to morale. E-mail that is considered offensive includes any messages which contain sexual implications, racial slurs, gender-specific comments or other comments that offensively address someone's age, sexual orientation, religious or political beliefs, national origin or disability.

The e-mail system may not be used to send (upload) or receive (download) copyrighted materials without prior authorization from Information Systems staff. Computers, the e-mail system and the internet may be used for incidental personal purposes, subject to the constraints and conditions contained in the City's Electronic Communications Policy, provided that: 1) such use does not directly or indirectly interfere with the City operation of computing facilities or e-mail services; 2) such use does not burden the City with noticeable incremental cost; 3) such use does not interfere with the user's employment or other obligations to the City; and 4) such use (with the exception of assigned laptops) is from the employee's workplace. Such personal use shall be strictly at the risk of the person engaging in the personal use.

The City's *Electronic Communications Policy* is distributed to all new employees and can be viewed on the City's intranet site. A copy of the policy can also be obtained from the Human Resources Office.

Employees using city computers will be expected to follow all policy and guidelines regarding computer use. Unauthorized use of city owned computers, or unauthorized internet use will result in disciplinary action. All city computer use is monitored. [**See Appendix C for the Electronic Communication Acknowledgment Policy Agreement** \(page 56\)](#)

Phone and Mail Systems

Personal use of City phone lines for long-distance calls at the City's expense is not permitted. Please practice discretion when making calls of a personal nature during work hours as you are being paid to perform City business during this time. Personal cell phone usage is not allowed during regular scheduled work times.

When conducting City business on the phone, always use the approved greeting and speak in a professional manner. Please remember that you are representing the City of Eau Claire, whose goal is to provide citizens with courteous, efficient service. Cell phone use is not permitted while driving on duty. Use your City-assigned cell phone only when parked. Police and Fire personnel are exempt from this requirement.

The use of the City-paid postage for personal correspondence is not permitted.

Cellular Phones and Personal Electronic Devices

Personal cell phone use is restricted to City business during work hours. Staff may not receive or make personal phone calls, receive or send text messages, or take pictures while on duty. The city does not reimburse for cell phone usage at work.

Use of personal electronic devices is not allowed at any time when programs, events, or facilities are open to the public. This includes but is not limited to playing music, videos, games, use of social media and internet applications.

Authorized Department Representatives

All contact with media, signatures requested on documentation, information related to an incident, and other statements requested that may have legal impact in the name of the Department, are not permitted. Any such request should be directed to professional staff. Part-time employees are not considered an authorized representative of the Department.

Interviews may be authorized by professional staff for facility, program, and event promotion.

Acceptance of Gifts

City policy prohibits you from receiving anything of value from persons or businesses that have had, have now or could have relationships with the City in the future. The following procedures must be followed regarding gifts:

- If a gift of value is offered to you, decline the gift and explain the City's policy on accepting gifts. If a gift arrives unannounced at your home or work, forward the gift to the City Purchasing Director. The gift will be returned to the vendor, along with a letter explaining the City's policy towards accepting gifts from vendors.
- Prizes won while at a work-related function, if available to the entire group, may be accepted.

Conduct

You are expected to conduct yourself at all times in a manner which reflects positively upon yourself and Eau Claire Parks, Recreation, and Forestry.

Language

Eau Claire Parks, Recreation and Forestry does not allow the use of profane language on the job. This same rule applies to program participants. Employees will be expected to enforce this rule.

Smoking

In accordance with City Ordinance Chapter 8.05, smoking is prohibited throughout the workplace. No person shall smoke or carry any lighted cigar, cigarette, pipe or any other smoking device in any enclosed, indoor areas in City buildings or in or on any City vehicle or equipment.

In exterior areas of City-owned buildings, no smoking is allowed within twenty feet of an access point or forty feet from any building air intake system.

This policy applies equally to all employees, customers and visitors.

Drugs and Alcohol

Drinking of Alcoholic beverages or the use of harmful drugs while on the job is prohibited. The Department will expect all employees to arrive to work in a physically sound working condition. Employees not arriving to work in a physically sound condition will be sent home without pay.

The Following regulations are in effect for all City of Eau Claire employees and work areas:

- Management is committed to maintaining a drug and alcohol-free workplace.
- It is a violation of City policy to manufacture, distribute, dispense, possess, or use a controlled substance or alcohol in the workplace. Anyone found to be manufacturing, distributing, dispensing, possessing, or using an illegal drug or alcohol while in the workplace or during working hours will be disciplined up to and including dismissal.
- It is a violation of City policy to report to work under the influence of drugs and/or alcohol. The city has the right to test all employees when there is reasonable suspicion that the employee is under the influence of drugs and/or alcohol while on duty or reporting for duty.
- All employees must notify the Department of Human Resources of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such a violation. Within 30 days of receiving such notice, the City will:
 - Take appropriate personnel action against such employee, up to and including termination or
 - Require such employee to participate satisfactorily in drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency.

Any employee seeking counseling or rehabilitation may contact the Employee Assistance Program. EAP contact information may be obtained from Human Resources, or via the City Intranet – Risk Management Department section.

As a condition of employment, all employees must abide by the terms described herein.

***See Appendix D for the Drug and Alcohol Free Workplace Policy and Agreement** (page 57)*

Sexual and Workplace Harassment

Eau Claire Parks, Recreation and Forestry will not tolerate harassment. If you feel you are a victim of harassment by a co-worker or supervisor, complaints may be registered with the City of Eau Claire's Department of Human Resources, at 203 S. Farwell Street. All complaints registered will be fully investigated. [\(Please sign and date the Employee Policies & Procedures Acknowledgment Form on page 82\)](#)

Theft

Anyone involved in the connection with theft of city articles or other agency or participant's property will be prosecuted to the full extent of the law. This includes city-owned property, fellow employee property, other agency property, participant property, and lost and found items.

Disciplinary Policy

Disciplinary action against employees may be taken for violations of any personnel policies and procedures or for unsatisfactory work performance. At the City's discretion, various types of employee discipline may be imposed which include, but are not limited to the following: verbal warning, written warning, suspension, or termination of employment. None of these disciplinary measures are required to be used before discharge from employment occurs, nor are the listed disciplinary actions required to be used in any specific order. Employees who violate City policies and procedures, or who have unsatisfactory work performance are subject to disciplinary action up to and including discharge from employment.

Some examples of behavior that would normally justify corrective action include but are not limited to the following:

- Fraud in securing employment with the City
- Incompetency
- Inefficiency
- Unauthorized absences
- Repeated absence or tardiness
- Neglect of duty
- Insubordination or willful misconduct
- Dishonesty
- Assuming duties while under the influence of controlled substances or intoxicants; or possession of said items during working hours.
- Conviction of a felony or misdemeanor when the circumstances are substantially related to the duties performed.
- Negligence or willful damage to property.
- Discourteous treatment of the public or fellow employees
- Loss of driver's license if required for the job.
- Violations of any lawful City order, directive, policy or work rule.

The offenses listed above are not intended to be all-inclusive, and discipline or discharge may occur for any other reason depending upon the seriousness of the offense and the particular circumstances involved. [**See Appendix E for a sample Disciplinary Action Form** \(page 58\)](#)

Daily Tasks

Employees may be provided with daily, weekly, and monthly checklists for the facility and/or park area. They are expected to complete the tasks as noted, make comments about dangerous situations and report problems to their immediate supervisor.

Illness

Your Supervisor should be notified as soon as possible if you are unable to work due to illness. If your supervisor is unavailable contact the Parks & Recreation office.

Attendance

Absences or tardiness from work, in-services or staff meetings without the permission from your immediate supervisor may result in disciplinary action or dismissal. All employees are expected to be at their designated activity/job site early enough so that all preparations may be made to start the activity or open the facility on time.

Timecards

It is the employee's responsibility to complete a timesheet recording all hours worked.

Locating the timesheet:

- The timesheet templates can be found on the network. Please send this template to all recreation employees.
- U: drive/recreation/recreation staff, personnel, pay/time sheets & pay dates
- Select Timesheet PT (blue), Office staff FTE (yellow)

Completing the timesheet:

- Fill in the grey shaded cells
 - Employee Number (can be found on self-service via a paystub)
 - Last Name
 - First Name
 - Payroll End Date
 - Pay Rate
 - Program Number
 - Direct Hours
- Fill in the Project Number (if applicable)
 - This will only be done if directed by a supervisor
- Complete Overtime Data (if applicable)
 - Pay Rate (use your regular pay rate, accounting will adjust to OT pay)
 - Direct Hours
- Type your name into the "Employee Signature" line
- Enter Date
- Once completed, please submit the timesheet electronically to your supervisor (using your City email if possible)

If you are unable to complete the electronic timesheet. Please contact your supervisor and they will work with you to get one completed. Timesheets are due in the Recreation Office by 8:00 a.m. on the

Monday before the payday. Late timesheets mean that the employee will not be paid until the following pay period. A sample timesheet is available for your review. [**See Appendix F for an example of a complete Timesheet** \(page 59\)](#)

Pay Periods

Employees are paid every other week. A pay period begins on a Monday and runs for 14 calendar days. Pay statements will be available at the Recreation Administrative office or Fairfax Pool after 1pm on payday for 1 week. Please refer to the Payroll Procedures for Part-time and Temporary Employees form for specific payroll procedures and periods. [**See Appendix G for Payroll Procedures and payroll periods** \(page 60\)](#)

Occupational Hazards

Damage to personal belongings such as eyeglasses, watches, clothes, etc., is an occupational hazard. The city is not liable for damages and will not reimburse employees.

Emergency and Department Contact List

[**See Appendix A for Emergency and Department Contact List** \(page 53\)](#)

Weather Emergencies

Adverse weather conditions do not necessarily justify the cancellation of a job duty. Whenever possible, activities will be carried on during inclement weather. All employees should be aware of the weather policies for their specific job duties. However, in general, if you hear the severe weather siren, follow these steps:

1. The sirens will sound when the National Weather Service determines that the City of Eau Claire is in the direct path of a severe storm. Staff should immediately get more information and seek shelter.
2. Use all available means to find out more emergency or severe weather information. (Radio, television, weather alert radio, etc.)
3. Communicate weather information to other persons.
4. Know where emergency/severe weather shelters can be located if needed. (Buildings, basements, ditches, etc.)
5. If an emergency or severe weather is imminent to your location, protect your own safety (take shelter immediately) and assist in protecting the safety of the other persons who may need assistance.

Lightning Policy (Refer to Security and Public Safety Section)

Emergency Closings

Emergencies such as severe weather, fires or power failures may occasionally disrupt City operations. If City buildings and/or functions are closed due to extreme weather conditions or emergency situations by direction of the City Manager, employees may be sent home or advised not to come to work. In the event that this occurs, the hours missed from work will be accounted for by one of the following:

- Leave without pay
- Use of vacation or compensatory time
- Agreement with the Department Director for make-up of the time on an hour for-hour basis.

Facility Closings and Program Cancellations

City of Eau Claire Facilities – Activities located at City owned facilities including Fairfax Pool, Hobbs Ice Arena, and enclosed shelters will continue to meet as scheduled. Program cancellations and facility closings will be determined by the facility manager, assistant manager, program supervisor, superintendent of recreation, or department director.

Eau Claire Area School District Facilities – Activities scheduled indoors will be canceled when the schools are closed for any reason.

Outdoor & Other Facilities – Activities located at outdoor facilities will meet as scheduled. Program cancellations will be determined by the Program Supervisor or Manager with guidance from the Wisconsin Department of Public Health’s “Child Care Weather Watch Guidelines.”

***See Appendix Z for Child Care Weather Watch Guidelines** (pages 80 & 81)*

Evaluations

Employees will be asked to meet with their supervisors periodically to evaluate their program/activity and to set goals.

Their supervisor will evaluate each employee’s work performance. Employees are required to sign their evaluation. Employees who wish to discuss their evaluation may set up an appointment to do so. These evaluations will become a part of your permanent employee record.

***See Appendix H for Personnel Evaluation** (page 61)*

Daily Attendance

Instructors & supervisors are required to take attendance each day of an activity. Attendance forms must be turned in at the completion of the activity. Please review the sample attendance sheet. ***See Appendix I for Max Galaxy Attendance Sheet** (page 62 and 63)*

Eau Claire Area School District Summer School Partnership

Instructors are required to take attendance each day a class is scheduled for all programs that are part of the summer school program partnership. Attendance records must be completed in ink. Instructors using any other media to take attendance will be asked to complete a new attendance form in ink.

Attendance records must be submitted to the program supervisor or director at the end of each session or class section. Instructors may be asked to complete a comprehensive attendance record that includes total attendance and number of no show students.

Expanded rosters are required for each class and should be attached to each attendance record when submitted to the program supervisor or director.

Final Reports

Each employee will be asked to complete or to contribute to the completion of a final report at the end of the program.

Lost & Found

All items of value are brought to the Recreation Administrative Office and secured in the safe and stored up to one year. Every attempt is made to contact the owner when possible. Items of value may include but are not limited to; wallets, purse, driver's license, cell phones, and jewelry.

Other items found at facilities, programs, or events will be kept at the site until the end of the season. After that time, all items will be brought to the Central Maintenance Facility where they are sorted and donated to a local charity.

Fairfax Pool has a one-week policy for holding lost and found items due to the nature of items that are found. At that time, all items are either disposed of or donated to a local charity.

Return of Department Issued Items

Employees are required to return all department issued keys, fobs, purchasing cards, uniforms, jackets, and other items at the end of each season or upon termination. The department may charge for lost or missing items. If lost or missing items are returned at a later date, the City may reimburse the employee for any fees paid. Final time sheets will be held until all items are returned.

High Security Keys	\$50
General Keys	\$25
FOB	\$5
Clothing	full cost of replacement
Purchasing Cards	\$10

Dress Code

Appearance

All employees should be well groomed. Clothes worn on the job should be clean, free from rips, tears, or holes and worn in a presentable manner.

Uniforms

Employees in the Recreation Division will be required to wear a standard uniform. These uniforms must be worn at all times while you are on duty. However, uniforms should NOT be worn when you are not working. General leaders and instructors will be required to wear the department's standard t-shirt. Concessions staff are required to wear the department's standard t-shirt AND a hair net or an appropriate hat of their choice. All Fairfax Pool employees, who are not lifeguards, are required to wear the department's standard t-shirt. Lifeguards are required to wear a department sanctioned swimsuit with lifeguard logo. Lifeguards may also wear additional department issued sweatshirts, cover shorts, and warm-ups. They may not wear, at any time, street clothes or non-department sanctioned clothing while on duty. Swim Instructors are allowed to wear their own swimsuits (one-piece only for females)

as long as it is presentable in appearance. Program planners and specialists will be required to wear the department's standard director's polo.

Shoes

Appropriate footwear should be worn based upon the job responsibilities. Supervisors will indicate the accepted footwear for each program or facility.

Athletic shoes must cover the toes. Closed toed shoes are required at all concession stands. Sandals with secure backs may be worn at some programs. Flip flops will not be allowed, except at aquatic facilities.

Shorts

Shorts may be worn by part-time employees with the following provisions. Athletic or casual dress shorts are acceptable, and must be hemmed. No denim. Shorts must be considered a professional length and no shorter than middle thigh.

Uniform Tax Clause

According to IRS regulations, clothing or uniforms are excluded from wages of an employee if they are specifically required as a condition of employment and are not worn or adaptable to general usage as ordinary clothing. Clothing purchases of less than \$15 per year per employee will be considered "de minimus" and therefore will not be taxable. The value of clothing provided to employees that does not meet the requirements of a uniform, per the IRS, will be added to the employee's taxable income. This is not a deduction from wages for the cost of the clothing; however it may increase the tax withholding.

Hazardous Materials

General City Policy

The purpose of this notice is to inform you that the City of Eau Claire is complying with the OSHA Hazard Communication Standard Title 29 Code of Federal Regulations 1910.1200, by compiling a hazardous chemicals list, by using SDS's, by ensuring that containers are labeled, and by providing you with training.

The program applies to all work operations in the City where you may be exposed to hazardous substances under normal working conditions or during an emergency situation.

The Risk Manager, is the program coordinator, and has overall responsibility for the program. The Risk Manager will review and update the program, as necessary. Copies of the written program may be obtained from the Risk Manager's office at City Hall.

Under this program, you will be informed of the contents of the Hazard Communication Standard, the hazardous properties of chemicals with which you work, safe handling procedures, and measures to take to protect yourselves from these chemicals.

Safety Data Sheets (SDS's)

SDS's provide you with specific information on the chemicals you use. The Stores Clerk will maintain a binder with an SDS on every substance on the list of hazardous chemicals. The SDS will be a fully completed OSHA Form 174 or equivalent. The Risk Manager, will ensure that each work site maintains

an SDS for hazardous materials in that area. SDS's will be made readily available to you at your workstation during your shifts.

The Department's Right to Know Coordinator is responsible for acquiring and updating SDS's. He or she will contact the chemical manufacturer or vendor if additional research is necessary or if an SDS has not been supplied with an initial shipment. A master list of SDS's is available from your Department's Right to Know Coordinator or the Facility Supervisor.

Training

Everyone who works with or is potentially exposed to hazardous chemicals will receive initial training on the Hazard Communication Standard and the safe use of those hazardous chemicals during orientation.

Infection Control Policy

As a first aid provider you will rarely know if a patron has a communicable disease. It is therefore, essential that you treat all patrons as if they could transmit infection. Blood and body fluid precautions should be consistently used for all patrons.

Blood and body fluid precautions:

- Avoid direct contact with blood or body fluid whenever possible.
- Wear disposable latex or vinyl gloves whenever you anticipate contact with blood or body fluid. The city will provide non-latex gloves for this purpose.
- Wash hands immediately after caring for a patron, even if gloves have been worn.

Hepatitis B Vaccinations/Records

Employees whom have not had a Hepatitis B vaccination can receive a series of vaccinations through the Eau Claire County Health Department for free. Employees under the age of 18 must have a parental signature. Please contact your supervisor for more information on when vaccinations are being offered. After scheduling a vaccination please notify your professional staff supervisor before the vaccination so that we can provide payment for you. [**See Appendix N for the Hepatitis B Vaccination Intent** \(page 68\)](#)

Health, Safety, and Accidents

Employees are responsible to check the program site for any potential hazards. This should be done daily. Any debris (broken glass, etc.) that could cause an injury should be cleaned up. Anything you cannot personally correct should be immediately reported to your supervisor. Employees should complete an "Incident Report" and submit it to their supervisor as well. [**See Appendix P for a visual of a complete Incident Form** \(page 70\)](#)

Employees should know where the nearest telephone is located. You will need to go early to the class/program on the first day to check this out. If your program is outside a school, don't just assume the phone is in the school. Go in and find exactly where it is located, so that you can get to it quickly in an emergency. Also know how to operate the phone at your site. Some phones require you to dial a prefix before the number to access an outside line. For example, you dial 8-911, to call 911 from our offices.

Employees are responsible for having their first aid box readily available and adequately stocked. We will supply you with First Aid materials at the start of the season; however, it is your responsibility to get replacement supplies as needed during the course of the program.

Program leaders/instructors are responsible for all participants registered for their activity. Check your roster daily. Participants joining your program late should present you with a receipt. Get a parent's name and phone number from all late registrants.

Concussion Information

Concussion Acknowledgement Forms and Informational Sheets are required to be used for all youth athletic leagues. Players, guardians/parents, and coaches are required to complete or accept via waiver the Concussion Acknowledgement Form prior to the season start. Registrations may not be accepted without agreement to the acknowledgment form. Each must also receive or agree to have read the concussion informational sheets.

The administrative staff will handle all player forms and informational sheets during the registration process. Program Supervisors and Program Planners will be responsible for handling coach's forms and informational sheets prior to the season start.

Prior to the start of each season:

- Print out player rosters and verify that all forms have received either online or in person.
- Place all player and coaches concussion forms/registration forms in alphabetical order by sport in the appropriate binder.
- Make cover sheets for all of the sports.
- Scan all forms into Scandocs and save here:
U:\Recreation\Recreation Administration\Concussion Information
Make a folder for the season and save the file there.

***See Appendix O for the Concussion Participant and Coach Acknowledgment Information ** (page 69)*

Emergencies & Injuries

When an injury or illness occurs, the employee must:

1. Determine if the scene is safe for the employees, participants, and bystanders
2. Determine if injury or illness is life threatening
3. Call 911 immediately, if needed
4. Put on Disposable Gloves
5. Provide care according to your level of training
6. Notify the participants' parent or guardian, if the injured participant is under 18
7. Call their immediate supervisor if 911 was called

Employees should know how to reach their supervisor in an emergency. Keep the Parks & Recreation office number and personal home phone numbers of professional staff handy.

For serious emergencies that will require additional medical treatment, call 911 for request an ambulance. Examples of serious injuries are: broken limb, sprain, animal bite, cut that will need stitches, severe bleeding etc. If a situation is not life-threatening, try to obtain parent consent before calling for an ambulance. The participant/patron's parents may prefer to transport a child to the hospital themselves. If the injured patron/participant is under 18 attempt to obtain parent consent before calling for an ambulance. If severe bleeding occurs, several park locations including, Hobbs, Fairfax Pool and Carson Park have Severe Bleeding Kits called "Go Bags". These kits include special bandages and tourniquets.

An employee should NEVER transport an injured participant to the hospital. An emergency vehicle, parent, spouse, or other guardian should do this.

Privacy Statement

While giving first aid or emergency care to a participant/patron, you may learn things about the individual that are generally considered private and confidential. You must respect the person's privacy by maintaining confidentiality. Never discuss the person or the care you gave with anyone, including other staff members not caring for the victim, family, friends and the media. Only provide that information to law enforcement, EMS or other staff caring for the victim.

The City does not provide accident or hospital insurance for people participating in Department sponsored activities. Please do not tell a participant that the bill for their injury will be paid by the Parks & Recreation Department.

The City does carry liability insurance. If a participant feels that the City is liable for an injury because of negligence, they must file a claim in 30 days. Please have the participant contact our office as soon as possible if they wish to file a claim.

Form Completion

Documenting injuries and incidents is extremely important. The record can help advanced health care professionals better assess the condition of an injured person. If legal action occurs, a record can also provide legal documentation to support what you saw, heard, and did at the scene. It is important to **thoroughly** complete the form with specific details as soon as possible after the accident/incident.

- Accident Reports (Pink) must be completed any time you give first aid. No matter how serious or slight the accident seems we need to have a record of it for insurance purposes. First aid can range from giving an ice pack for a bump on the head to providing CPR. [**See Appendix Q for visual of Accident Report** \(page 71\)](#)
- Refusal of Care Form (Pink) must be completed if a participant refuses care. Only an adult (18yrs+) or a parent/guardian of the injured child may refuse care.
- [**See Appendix R for visual of Refusal of Care Form** \(page 72\)](#)
- Incident Reports (yellow) document damaged equipment, disciplinary action, or water rescues, for lifeguards. [**See Appendix P for a visual of an Incident Report** \(page 70\)](#)

After completing the appropriate form, follow the procedures below.

- 1.) Employee completes the appropriate form in accordance to expectations detailed in the employee manual.
- 2.) After the employee signs the "employee" labeled line he/she notifies and sends the form immediately to his/her supervisor.
- 3.) The Community Service Worker/Program Planner/Facility Specialist will review the form using the criteria below as a guide.
 - a.) Was the correct form used?
 - b.) Is the form filled out neatly?
 - c.) Are correct dates included?
 - d.) Is patron contact information included?
 - e.) Is witness contact information included?
 - f.) Is correct location included?
 - g.) Is accident/incident description detailed enough? Written facts, not opinion.
 - h.) Is injury and disposition filled out completely?
 - i.) Is there a signature of employee filling out form?

- j.) Make any necessary corrections.
- k.) Follow up with patron if injury consisted of any injury in which follow up care with a physician is likely (cuts that require stitches, possible broken limbs, possible concussion, etc.)
- l.) Sign the form on the site supervisor line
- 4.) The Community Service Worker/Planner/Facility Specialist will turn in forms to Program Supervisor within 24 hours of incident/accident.
- 5.) Community Service/Program Supervisor reviews according to criteria listed in #3.
- 6.) Community Service/Program Supervisor signs form and then forwards to the Division Manager within 24 hours.
- 7.) Division Manager reviews and signs and then forwards to Community Services Safety lead within 24 hours.
- 8.) Community Services safety lead reviews and records forms on the safety spreadsheet prior to scanning and sending to the city Risk Manager within 24 hours. If originals are not physically sent they must be shredded immediately after scanning.

If an injury is serious or EMS is called, the Program Supervisor and Recreation Manager need to be contacted immediately. The appropriate forms will be forwarded to the Recreation Manager, Department Director, Community Services Safety Lead, and the Risk Manager within 24 hours of the occurrence.

Each First Aid kit should include the following items:

Ice packs
 Adhesive Bandage Strips
 Anti-Bacterial Wipes (Vionex)
 Gauze Pads
 Roller Gauze
 Butterfly closures
 Tape
 Biohazard Disposal Bags (Red Bags)
 Paper Towels
 Disposable Gloves (latex free)

Each Spill Kit should include the following items:

Paper towels
 Disposable gloves (Latex free)
 Bleach

Each "Go Bag" should include the following items:

Abdominal Pads
 Roller Gauze
 Israeli bandage
 CAT Tourniquet

Exposure Control Plan - Cleaning up a Blood Spill

ECASD Facilities

- Close the area to foot traffic
- Call the custodian on duty and inform them of the spill
- Custodian will clean up the spill
- Notify supervisor of the spill

Non ECASD Facilities

- Use this procedure if the blood spill is large enough to cover a 3"x3" area.
- Wear Disposable Gloves
- Get red bio-hazard bag, paper towels, and bleach
- Towel up the spill, place used towels in the red bag
- Flood the area with bleach and let set for 2 minutes
- Towel up the bleach, place used towels in the red bag
- Properly remove gloves and place in red bag
- Notify supervisor/custodian that there was a spill

Supervision of Employees

Program planners and facility specialists are considered the frontline management team. The primary role is to bridge the professional staff with the program employees and participants. Program planners and facility specialists will meet with the professional management team once per month during the summer.

Administrative Office Support

The front office team will assist you with projects and Max Galaxy support when additional help is necessary. Please allow a minimum of three days to complete your request.

- ***Supplies*** Most office supplies are located in the work room. Please notify front office team when taking supplies. Take only what you need, do not overstock your office area or facility. The front office team may order supplies that are not in stock upon request.
- ***Work Schedules (Recreation Division Calendar)*** Work schedules must be entered on Outlook in the Shared Program Planner/Specialist Division Calendar in a minimum of two week increments.
- ***In/Out Message Software*** Indicate when you are in or out. When out, indicate where you are and when you are returning.
- ***Mailboxes*** Each program or facility is assigned a mailbox in the work room. It is your responsibility to check it daily.
- ***Email*** Each program planner/specialist with a city email account is expected to check it during every shift. Each of those accounts will be connected to a general city email account related to their program area (along with the appropriate full time program supervisor). Please do not use your personal email account to communicate with customers, coaches, participants, etc.
- ***Building Access*** Each program planner/specialist will be issued a FOB and a set of keys.
- ***Office Phones*** Use of office phones will be monitored. Program planners will share office space and an office phone. To check voicemail on the seasonal office phone, the code is 12345. Do not change the outgoing message or the code. Front office staff will also be checking voicemails on this phone. The only phone number that program planners/specialists should give out to the

public is 715-839-5032. Please do not provide your office or personal cell phone numbers to customers, participants, coaches, etc.

- **Computers** Use of office computers is shared. Program planners/specialists may use their personal computer or lap top when an office computer is not available. All files must be transferred to the “shared program directory” located on the city network, U drive.

Mailing Requirements

Please take note below the correct mailing procedures:

- Place the send to address in the proper location on the outside of the envelope. All enough space at the bottom of the business envelope for a barcode.
- Update your mailing list to make sure your addresses are current.
- Use all capital block letters, 12 font minimum. Omit all punctuation, except the hyphen in the ZIP +4 code. The Zip + Code is not required.
- Hand written addresses are not acceptable.
- Make sure name, street address, and city/state/zip, can be seen entirely through the window envelope. Tap down on a table to check it. Re-fold contents if necessary. If part of the address is hidden, the reader rejects the envelope and has to be manually processed. Use a regular envelope instead if any question.
- Use a business size envelope instead of large envelope to save on postage.
- Seal all large envelopes before putting in the tub. The business size envelopes don't have to be sealed, that will be done when postage is applied. If you do seal the business size envelope, please not that with a post it note when you place it in the mail tray.
- Out of country envelopes; Canada, etc. and certified mail. Please keep separate from other envelopes and mark it with a post it note.
- Special Services stamps-Keep below our return address and to the left of the send to address. If you use an envelope with a clasp, make sure to cover with tape.

Work Request procedures

Internal Work Requests

We will be using our individual Outlook Calendars. Please follow the process below.

Send all work requests to your professional supervisor as a meeting request. Your supervisor will approve or decline your request. If approved, the request will be forwarded to the appropriate individuals. A two week advanced request is recommended.

Entering a “Work Request”...

1. Go to Outlook
2. Select “New Meeting”

3. Complete the following information:
 - ✓ **To:** Professional Supervisor
 - ✓ **Place:** (Location where work is to be performed, set-up, etc.)
 - ✓ **Date:** (Indicate date when work must be completed)
 - ✓ **Time:** (Indicate the time work must be completed)
 - ✓ **Duration:** (Leave at set default of 1 hour, do not change this line)
 - ✓ **Subject:** (Type "WORK REQUEST", no other wording should be included in this field)
 - ✓ **Notes:** There is a large box for your request. This should be very specific. Include your cell number, specific locations, where to pick-up equipment, service needed, and when to return by (if applicable).
 - ✓ **Attachments:** documents as necessary, for example: I will attach a set-up map for National Night Out.
4. Select Send

Parks Recipients:

- The person responsible for the Work Request will "Accept" and look for any attachments. Others can accept if they want the information to post to their calendar. (All appointments can be accepted, declined, or delegated).
- If the recipients need more information from the sender, there is an option to "reply", then you can accept, decline, delegate.

Recreation Division Vehicle

Planners and Specialists will be able to use this vehicle in accordance to the following rules.

- All drivers are required to read, sign, and comply with Fleet Policy
- All drivers must have a valid driver's license
- A vehicle "calendar" will be shared with program supervisors. It is the program supervisors responsibility to ensure employees have signed the fleet policy and have a valid driver's license prior to use (no exceptions)
- Only City employees can operate the vehicle provided they have a valid driver's license (program supervisors, facility specialists, and program planners)
- Only City employees are permitted to ride in the vehicle (no family friends, volunteers, etc...)
- Vehicle must be inspected by the driver prior to use and inspection form filled out and given to their supervisor**[See Appendix Y for an example of an inspection form**](#) (page 79)
- After use, the vehicle must be cleaned inside and out. Let supervisor know if fuel is at or below ½ tank
- Repairs and maintenance will be scheduled as required
- Accidents or apparent repairs must be reported immediately to a Program Supervisor and the Recreation Manager
- Keys will be kept in the Recreation Administrative office
- USES...
 - Travel outside of the City of Eau Claire boundaries must be approved, in advance, by the Recreation Manager
 - May not be used for extended travel to conferences, workshops, etc..
 - Hobbs plowing of main entrances, walkways, and aisles. May not be used to plow the entire parking lot (Parks/Streets are providing that service)

- Hauling recreation equipment to programs
- Should be used at events as a marketing tool and to haul event items
- Other, please discuss with the Recreation Manager

Press Releases

This is an excellent tool to promote an activity with low enrollment or advertise an upcoming special event. Prepare press release accurately. Double check all dates, times and locations. Email press release to all administrative associates for electronic distribution and copy your professional supervisor.

****See Appendix J for an example of a Press release**** (page 64)

Request for Donations

If a need arises for requesting donations, please seek authorization from your immediate supervisor. Do not request funds from businesses or private donors without permission!

Communicating with Participants

Participant communications shall be done utilizing City provided equipment. Personal contact information should not be provided to participants without authorization from a professional supervisor.

- **Telephone** Listen to participant's issue and try to resolve without promising anything. Discuss issue with your supervisor.
- **Email** When preparing informative emails to participants, remember the following: Do not ask for a reply, do not give a phone number and start your email with "for informative purposes only."
- **Facebook** All Facebook posts are managed by our front office team with the exception of Fairfax and Hobbs. Submit promotional and general posts in writing to the front office team. Facebook is also used to communicate cancellations and events.

Cancellation Line

Before Updating the Cancellation Line

- Call the cancellation line at (715) 839-2913 before making any changes to the recording. Make a note of any other previously cancelled programs. **Make sure that you include all other cancelled programs in your recording.**

To Update the Cancellation Line

- Call (715) 839-6996
- Enter ID: 39-5033#
- Password: 13000#
- Extension of call handler: 39-2913#
- Change Standard Greeting press 2
- Rerecord standard greeting press 2
 - Cancelled Programs Greeting

▪ "Hi, you've reached the Eau Claire Parks & Recreation Cancellation Line.

Today is *say date*. *List cancelled/rescheduled programs* due to inclement weather.

▪ **Press the # button** to save your recording.

- Call the cancellation line again to make sure your message was updated, the date was stated and all cancelled programs up to the moment were included.

Program Management

Program planners and facility specialists should consult with professional staff prior to making any schedule changes. The expectation is that all waiting lists are monitored. If there are enough participants on the waiting list and facilities and staff are available, sections should be added.

Hiring Process

In some instances, you may be asked to be a part of the hiring process of part-time seasonal employees. Please work with your supervisor to follow the hiring process detailed below.

- 1) Candidates Apply
- 2) Candidates referred to hiring managers by HR
- 3) Hiring managers schedule and conduct interviews(verify email & note background check details)
- 4) Hiring managers immediately email HR names of candidates for background check
- 5) HR sends background check emails to candidates(no response within 3 days notify supervisor)
- 6) Candidate submits background check
- 7) HR completes background check and notifies hiring manager of results
- 8) Hiring manager offers position to candidate and notifies them of newhire paperwork
- 9) Hiring manager or administrative associate marks candidate hired in Neogov
- 10) HR adds employee to Onboard to complete new hire paperwork before first day
- 11) HR receives scanned copy of Personnel Actions, then signed official copy
- 12) Hiring manager contacts employee to submit ID's for I-9 form
- 13) Employee brings forms of ID to recreation office for I-9 form. ID's are scanned to HR folder
- 14) Employee starts work

Orientation and Training

Program planners and facility specialists are responsible for conducting specific program and facility orientation and training. Consult with professional supervisor when selecting dates.

Computer Training Sessions

- Attend network training with Information Services.
 - ✓ Set up Outlook signature
 - ✓ Set up work request group
 - ✓ Recreation management software overview
 - ✓ Receive login and password for city network and recreation management software access

WhenToWork.com for Managers

WhentoWork.com is the service utilized by all Eau Claire Parks and Recreation Programs to communicate with team members, distribute staff schedules, and authorize requests to work available, dropped, or traded shifts.

As a Program Planner / Facility Specialist, you will be responsible for the following functions of WhenToWork.com:

- Creating and publishing work schedules for your program
- Managing employee availabilities
- Approving requests for time-off
- Approving requests to pick-up a shift that is on the tradeboard
- Managing your employee's information
- Assigning appropriate roles for your employees

New Manager Accounts

You will be assigned a Manager Account for WhenToWork.com. This log-in and password is separate from your the WhenToWork Account that you use to trade, drop, or pick up shifts for other programs you may work with.

Your Manager account is assigned by the Main Manager for the Whentowork.com service. Your Program Supervisor will contact the Main Manger and request a Manager Log In for you. Once your Manger Account Log In is created, you will receive email from WhenToWork.com with your temporary username and password. The first time you log in, you will have the opportunity to change the username and password provided in the email.

Managing Employee Information

As a Planner/Specialist, you have the ability to update each employee's vital information. As you receive updated information from your employee's, please update their information on WhenToWork.com. When the season ends, we need the most current mailing address and email for each employee. The Recreation Division will be using the information on WhenToWork.com to communicate with employees throughout the year. We frequently are looking for additional staff to work special events or pick-up shifts in other areas throughout the year.

To update employee information, click on the pencil next to their name in the employees list. Update ONLY the contact information or other details specific to your program.

***Anniversary Dates and Employee #'s should never be changed. If you suspect an inaccuracy, speak with your program supervisor before changing them. **

Adding New Employees

As new team members are hired, they will need to be added to WhenToWork.com and notified of their username and password. When adding new employees into WhenToWork.com, please be sure to take the following steps:

- 1) Click on Employees on the Home Screen
- 2) Click on the "Deleted Employees" tab and look for the employee's name.
If listed:
 - a. Check the employee details to determine if it is the right person.
 - b. Click on Restore to activate their old account and then update their information.If not listed:
 - a. Click on the Employees Tab to return to the employee list.
- 3) Click on Add New Employee and a Pop Up will open.

4) Fill in the Appropriate Information:

a. Info:

Please use their Legal First & Last Name. If they have a Nick name, put it in quotes following the first name.

Example:

Jonathan goes by Jo so the first name should be entered as Jonathan "Jo"

b. Positions:

Add the positions required for your program and also the position titled "Special Event Staff". When we bring in employees from all programs to work an event, we use this position so that it appears on everyone's trade board as an open shift.

c. Contact Information:

Please make sure that all employees added have a valid email address. You will need this to send their temporary username and password.

d. Auto Fill Settings:

This is primarily used by the Fairfax Outdoor Pool in the Summer Months. We are still determining how this can be implemented throughout the organization. Additional information will be communicated as this occurs.

e. Pay Rate:

Do NOT USE This Field. Most employees have multiple positions and multiple pay rates. We'll use the comments box to list a Pay Rate and Anniversary Date for each position.

f. Custom Fields:

These are currently not being used.

g. Comments:

Enter the Pay Rate, Step, and Anniversary Date for their position. We'll update this as their positions change and they receive their annual step increase.

5) Click Add Employee

6) Set Up their Email Notifications

a. Click on the Pencil next to their name in the Main Window.

b. Click on EDIT Email Notifications

c. Click on Edit in the row for the e-mail you entered.

d. Click on the check box for "Use as Reply to Address". This allows everyone to reply to a W2W Message directly from their email and the recipient of the reply will receive it in their email.

e. "Select Notifications" by clicking on all of the check boxes. This ensures they are receiving all communications from us.

f. Click "Save"

7) We are also requesting that all employees setup the ability to receive urgent messages and other notifications thru text alerts. They can do this by clicking on "Change My Information" on the home page.

Creating and Publishing a "New Schedule"

There are many ways in which to build a new schedule using Whentowork.com. This document is not designed to address all of those methods. Our goal is to give a general guide and help you know how to do so in a timely professional manner that is courteous to all of our users.

1) Click on Schedules->Calendar View->Weekly

2) Click on the calendar and in the pop up window choose the week you are creating a schedule for. Schedules always start on Monday and end on Sunday

- 3) Take note of the schedule's current state by setting the position filter to "All Positions"
 - a. Is the schedule already published?

If "YES":

 - Unpublish the schedule before Adding Any New Shifts to the Schedule.
 - Publish the schedule before logging out. Other programs cannot see their schedule while it is UNPUBLISHED.

If "NO"

 - You can start scheduling without affecting any other programs
 - b. Has another Manager Added Shifts to the schedule?

If "Yes":

You will need to verify they are done scheduling before posting.
To verify, look at the Manager Notes at the bottom of the schedule or contact them directly, BEFORE PUBLISHING.

If "NO":

You can publish when you are ready without affecting any other programs.
- 4) Set the "Position Filter" for your Program
- 5) Choose a Schedule View that works best for you and build your schedule.
Use the tutorials thru Whentowork.com to determine which set of features works best of you within each schedule view.
- 6) Add Schedule Notes:
Schedule notes help everyone know whether or not the schedule is ready to publish. Sometimes another program has to publish their schedule and you're not done yet. Communicate that in the schedule notes.
 - a. Note to Planners/Specialists: Let the planners/specialists know if you are working but haven't been able to finish. Remember to include when you will be back to finish.
 - b. Note to Employees: Let your staff know this is a draft. This is important if you are working on a week that is already published by someone else.
- 7) Set the "Position Filter" to "All Programs"
- 8) To Publish or Not to Publish
 - a. Was the schedule posted before you started? If "Yes", You MUST Publish
 - b. Are you the only one with shifts on the schedule? If "Yes", Publish.
 - c. Has everyone else communicated they are done? If "Yes", Publish
 - d. If you answer "NO", to any of the above:
DO NOT PUBLISH the schedule.
Discuss the situation with your Program Supervisor.

Managing a Published Schedule

- Trading shifts can be accomplished in two ways:
 - 1) Viewing everyone's schedule, propose a trade by dragging and dropping their shift onto someone else's. The other individual has to accept the trade and the manager approve the trade before the schedule will reflect the change.
 - 2) Posting their shifts on the tradeboard and requesting to pick up each other's shifts. The schedule will change when their pick up requests are approved
- Dropping Shifts can be done by posting on the tradeboard.
The employee dropping the shift will remain scheduled until someone else requests the shift and a manager approves the request.

- Open Shifts on the schedule can be picked up on tradeboard.
Employees must request the shift and a manager must approve the request before the schedule will reflect the change.
 - Manually Editing a Published Schedule
Managers can go into a published schedule and edit a single shift or several shifts.
The best way to edit or add multiple shifts is by publishing, making your changes, and publishing.
The best way to edit a single shift is in Calendar View.
 - 1) Double Click on the Shift.
 - 2) Make sure the “Send Notices to Affected Employees” option is not checked.
 - 3) Make Your Changes
 - 4) Click Save
- If you need Copy a shift and assign additional employees:
Unpublish, Make your Changes, and Publish.
Working in the Current week is strongly discouraged.
If you must, make sure you:
- 1) Communicate that the schedule is going to be unpublished
 - 2) Work quickly to make your changes.
 - 3) Publish this week before moving onto anything else.
- An unpublished schedule can create havoc during a shift change and interfere with a programs ability to serve their customers.

Timesheet Review

The reviewing of your employee’s bi-weekly time sheets is one of your most important duties as a planner/specialist. Each time sheet needs to be thoroughly checked for accuracy. If there is a mistake it must be corrected before it gets handed in. It is the expectation that every timesheet that gets handed to payroll from the Recreation Division is accurate and error free. [**See Appendix F for an example of a complete Timesheet** \(page 59\)](#)

Please make sure the following steps are completed when reviewing timesheets:

- ✓ Set an early enough deadline for your staff to get timesheets to you so you have enough time to go through them accurately.
- ✓ Match hours worked with When to Work. Update if needed.
- ✓ All pay rates listed are correct and match the pay plan.
- ✓ All employee numbers are correctly written on time sheet.
- ✓ All program numbers listed are correct.
- ✓ If a “shared employee” be sure the other supervisor approves the hours.
- ✓ Timesheets need to be submitted to supervisors by midnight on the last day of the pay period.
Save verified time sheets to the appropriate network file.

Uniform Sales

All employees are required to purchase their uniform. Order forms must be completed for all uniforms that are not purchased during orientation. Allow one week for processing.

Program Visitation

It is imperative for program planner's to visit programs on a regular basis. This allows you to ensure program quality as well as monitor employees. When it comes time to evaluate your employees you will need to know how they perform at the job site. When visiting job sites it is important to jot down notes about each employee. It is also important to provide positive on site feedback to the employee. Look at the program site through the eyes of the customer. Communicate any of these issues with the employee, supervisor, or maintenance.

When visiting programs please look for the following:

- ✓ Site safety and safe employee practices.
- ✓ Is activity level appropriate for the program?
- ✓ Interaction with participants.
- ✓ Site organization and cleanliness.
- ✓ Posted information.
- ✓ Employee visible and in uniform.

Disciplinary Action

Document any disciplinary action when it occurs. Write down details, dates and times. This will support written disciplinary actions. When need arises to discipline an employee with a written notification, please follow these steps:

- Fill out a disciplinary action form. [**See appendix E for example of disciplinary action form** \(page 58\)](#)
- Meet with your supervisor and employee to review the incident thoroughly. Make sure employee signs disciplinary action form and completely understands the corrective action and what will happen if there are further incidents.
- Send signed copy of disciplinary action form to Human Resources

Evaluations

A final season personnel evaluation needs to be completed for every employee. Please take the following steps when completing an employee evaluation:

- Fill out the personnel evaluation. Please refer to your notes that you compiled on that particular employee during your routine program visits. [**See appendix H for an example of a personnel evaluation** \(page 61\)](#)
- Meet with the employee and discuss the employee's performance. Have employee sign the evaluation.
- You and your supervisor need to sign the evaluation. Send copy of evaluation to Human Resources.

Employee Injured on the Job

In the event of an employee injured on the job, the employee must fill out a First Report of Injury and notify you immediately. The planner/specialist must then fill out the back portion of the form and hand

to your supervisor so it can be delivered to the Risk Manager at City Hall within 24 hours of the incident. If the injury requires a loss of work time, the employee must submit a physician signed Return to Work Evaluation. ****See Appendix B for First Report of Injury, Appendix K for Return to Work Evaluation**** (page 54 and 65)

Issuing Keys

Keys can be issued to staff by the program planner or facility specialist with approval from the Recreation Manager. Supervisors must submit a key use form to the Recreation Manager or their designee two weeks in advance. All keys must be returned on the last day of the program or the last day of employment.

Equipment, Clothing, & First Aid

All equipment, clothing, and leftover first aid supplies are expected to be returned to the designated equipment storage room at Hobbs Ice Arena or Forest Street. All equipment needs to be sorted and inspected. All damaged equipment needs to be repaired or discarded before it is put in storage. All equipment must be put **neatly** in the appropriate spot. Your job is not complete until all equipment, supplies, clothing, and first aid are put away appropriately. Your last timesheet will be held until this is completed.

Program Evaluations

At the end of every program session, it is your responsibility to email the appropriate program evaluation link to all participants. The results that we get from these evaluations, is extremely valuable in continuing to put forth an excellent product in the future. It is your responsibility to review these results and note common themes from these evaluations in your final report.

- Instructional Evaluation www.eauclairewi.gov/preval
- Youth Sport Evaluation www.eauclairewi.gov/sporteval
- Adult Sport Evaluation www.eauclairewi.gov/ADSports

Final Reports

Final Reports are necessary to track valuable information that will be used for future program planning. At the beginning of the season you need to read through the final reports of the previous summer to make any necessary changes to programming that was noted. A financial statement needs to be included in your report. In order to complete the financial statement you will need to track program attendance, payroll and revenues/expenses (include sponsorships and donations). ****See Appendix L for program Financial Statement**** (page 66)

Summer School Class Reporting

At least 1 week prior to the start of each session, program staff is required to verify school district residency of each participant.

At the end of each summer the Recreation Division submits a detailed billing report to the school district that includes program cover sheets, rosters, and attendance sheets for every program. Please follow the steps detailed below to provide information for this billing.

To ECASD (**no staples, no back to back copies**)

Highlight Non-Resident names on both the Roster & Attendance Pages

Items required for complete ECASD scan per program category (in this order)

- Program Summary Page (should be one per program category or level)
- 1. Program Attendance (spreadsheet) **Portrait**
- 2. Program attendance (actual)
- 3. Program Roster, check boxes (*address, custom fields, grade, paid amount, phone numbers*)

Data Needed for Attendance Spreadsheets

Activity Roster (to create data export file)

- Max Galaxy
- Reports
- Registration
- Activity Roster
- Select
 - dates
 - “show”, check the following boxes (*custom fields, grade*)
 - “detail level”, select roster
 - season “summer 2019”
 - activities by number
 - check format column name at the bottom
 - select “data export”
 - preview

Data Export

- Data will export into an excel format
- Columns should be organized in the following order
 - Activity name
 - Activity code
 - Activity ECASD student #
 - Registrant name
 - BLANK
 - Grade
 - Activity school attending
 - Copy into attendance spreadsheet

Attendance Spreadsheets

- **Complete all “grey” shaded areas**
- **Do NOT remove or add lines/rows or columns**
- Copy activity name and code
- Class Fee: Type in just the ECASD charge, number only (no \$ or .00)
- Copy remaining data export columns into the body of the spreadsheet
- Retype student name into the two columns
- Student # Column
 - If student # entered, leave as is
 - If no # and they are an ECASD resident, enter “ECASD”
 - If a non-resident, enter “NR”
- Enter Class Dates
- Enter Attendance
 - “1” if the student came to class
 - Leave “blank” if the student was not at class
- Scroll to bottom of page and enter data into the “grey” boxes

Program Enrollment Summary Pages

- Complete all “grey” shaded areas
- Data from the attendance sheets should be transferred and match
- Check math


Max Galaxy/Active Software Instructions

Program Planners/Specialists are not authorized to register participants, take money of any sort through Max Galaxy/Active, or reserve meeting rooms/locations. All requests involving these steps should be directed to the Front Desk. Registrations/Reservations are NOT taken over the phone.

Program Access

- Get the link from your direct supervisor or from the Department Secretary to access Max Galaxy/Active.
- Save the link as a favorite on your computer.
- Username and password will be set up by the Clerk III or the Department Secretary. You will receive this information during computer training.

Adding Teams to a Youth League


1. Select League > Sell Team Registration.
2. Use the Team Search field to locate an existing team or click the  to create a new one.
3. Use the League Search field to choose a league by name or the Filter to browse by season, type, category, or sub category (double click the name of the league to select it).
4. Verify the information in the Team Registrations and Fees field.
5. If the team has specific dates that it cannot play, enter these on the Blackout dates tab.
6. Click Save when finished.

Adding Free Agents to Teams –Free agents are listed on the enrollees tab for the league.

1. Select League > Leagues and search for the league.
2. Click the Enrollees tab.
3. Under the Current Free Agents section, click Assign to Teams.
4. Choose a team from the Team drop-down list.
5. Highlight any free agent in the Available Free Agents grid and click on the down arrow assign them to the selected team.
 - a. Once assigned, their names will appear in the Assigned Free Agents section.
6. Repeat steps 4 and 5 as needed to assign more free agents to teams.


Scheduling Games –Games can be scheduled at any point after the league is created.

Schedule Times


1. Select League> League Schedule.
2. Search for the League. If needed, click the  to reveal more search options.
 - a. The more fields are used, the narrower the results will be.
3. Click Schedule Times to open the Book Recurring Events screen.

Manually Schedule Teams

1. Select League > League Schedule.

2. Search for the league. If needed, click the  to reveal more search options.
 - a. The more fields are used, the narrower the results will be.
3. To assign a single team:
 - a. Click in the Home or Visitor column.
 - b. Choose one of the registered teams from the drop-down.
4. To assign multiple teams:
 - a. Select multiple games by using SHIFT+click or CTRL+click.
 - b. Right-click on a game and choose Multi-Assign Teams.
 - c. Choose the Home, Visitor, and/or the Event Type and click OK.

Automatically Schedule Teams

1. Select League > League Schedule.
2. Search for the League. If needed, click the  to reveal more search options.
3. Click Schedule Teams.
4. Select the Event Type that will be used.

 - a. Only event types for the currently selected league games will appear. This feature allows you to schedule teams for games, but leave tournaments or practices blank to be filled in later.

5. Enter in the desired number of games in the Games Per Team field.

 - a. The # of teams field will display the total number of teams already registered for the league
 - b. The # of time slots field will automatically display the total number of time slots available for the chosen event type.
 - c. The time slots needed field will calculate the number of time slots needed according to the number of games per team and # of teams in the currently selected league.

6. Click OK when finished.

Using Registration Reports

The primary way of viewing information that was entered into MaxGalaxy is by running a report. The Registration module has a set of reports designed to extract information for you to use in your day-to-day activities. These reports can be formatted in a variety of ways, depending on how you'll use them:

- PDF/Word: Formatted for printing or saving.
- Viewer: Best for viewing without printing or saving.
- Excel: Formatted for printing, but allows for editing in Excel
- Data Export: A file that can be opened in Excel. Best for sorting/extracting data in ways that aren't available through MaxGalaxy directly.

All reports can be filtered by activity.

Rosters and sign in sheets

These reports will tell you who is signed up for which activities and let you print sign in sheets. Go to Reports > Registration and choose one of the reports below:

- **Activity Roster:** Lists enrolled/waitlisted customers, with options for including demographic information from the customer's account.
- **Attendance Sheets:** Generate a separate PDF sign-in sheet for each selected activity.
- **Attendance Sheets (All in one):** Creates a single PDF with sign-in sheets for each activity on a separate page of the PDF.
- **Daily Attendance Sheet:** Creates a sign-in sheet for a single day with the ability to filter participants by age, birthday, grade, gender, school, or neighborhood.

Activity information

These reports will give you more information about participants, activities, and activity schedules. Go to Reports > Registration and choose one of the reports below:

- **Activity List:** Shows total enrolled/waitlisted by activity, and can also show age and enrollment number requirements.
- **Activity Schedule:** Lists dates, times, and locations (from the Schedule tab of the activity).

Waitlists

The following reports will show waitlisted customers. Go to Reports > Registration and choose one of the reports below:

- **Activity Wait List:** Lists name and contact info for waitlisted customers (by activity).
- **Activity Roster:** Can show only waitlisted customers, or waitlisted and enrolled customers, with options for including demographic information from the customer's account.
- **Activity List:** Shows the total enrolled/waitlisted by activity, with other optional information.

Email Participants

- Click "General Setup" located on the lower left side of the screen
- Click "Communication" located on the top left side of the screen
- Click "Email Template"
 - Check to see if there is an email template that can be used for the email you need to send
 - If not, create an email template to be sent out
 - This is ONLY the creation of the email, not the actual sending of the email
- General Tab:
 - Fill in:
 - Template Name: Fill in a name, try and block emails together by name
 - Ex. All emails regarding facility reservations/rentals should be labeled Facility-
 - Category: Choose from one of the categories listed

- Subject Line: this is what the customer will see in their email, try to keep it short but informative
 - From Name: Eau Claire Parks & Recreation
 - From Address: pr@eauclairewi.gov
 - Bcc: Fill in the name and email address IF someone wants to be copied on ALL emails that go out
 - We only get so many emails per month, so we will only use this for specific, pre-determined emails
 - Return Address: pr@eauclairewi.gov
- Email Options:
 - Check available on send email screen
 - Uncheck bypass list management
 - Check enable click tracking
- Body Tab:
 - Fill in the body of the email with what you want to say
 - Include tags like individual first name, etc to make the email more personal when the customer receives it
 - This also helps with including the correct name of the class or facility rented, etc
- Delivery Tab:
 - User Scheduled Delivery – This means that we will schedule the delivery of the email when we are ready for it to be sent
 - Schedule Delivery – Schedule the delivery for the future
 - Automatic Delivery – Schedule the delivery for a pre-determined time based on certain requirements (activity start date, facility reservation, etc.)
- Recipient Criteria Tab:
 - Fill in the correct information based on who you want the email to be delivered to
 - Can base it on Account, Individual, Activity, Facility, League, Membership, etc.
 - Use the tabs to narrow it down
 - You may need to click “include all accounts” or “include all individuals” for the settings to work
- Attachments Tab:
 - Add a document(s) to be sent out with the email
 - Attach a document that already exists in the system or add a new document
 - To add a new document:
 - Click “General Setup”
 - Click “Configuration”
 - Click “Documents/Links”
 - Click add at the bottom of the screen
 - Update the name
 - Upload the file
 - Click Save
- Click “Send Email” (left side of screen – General Set Up - communications tab)
- Search for the template you just created or you know exists
 - Use the binoculars or search by name
- General Tab:
 - Delivery Date/Time
 - Send Now – send email immediately

- Send on Date/time – schedule delivery of the email ahead of time
 - Everything else should fill in automatically based on the template
 - Make any updates as necessary
- Body Tab:
 - Everything should fill in automatically based on the template
 - Make any updates as necessary
- Recipient Criteria– 8 separate tabs will display to be able to pick and choose who or what activities you want to send the email out to.
 - Account Tab – Choose all accounts by putting a check in the “All Accounts” box. Or pick specific accounts or type. Select the correct criteria that will best suit your email.
 - Individual Tab – Same as above only by individuals
 - Activity Tab – Select the activities and other criteria
 - Facility Reservation Tab – Select the complex and facility that you are targeting in your email
 - League Tab – Select the league, season, team, and players that you are targeting in your email
 - Membership Tab – Select the package type and other criteria that you want to target in your email
 - Day Camp Tab – Not used at this time
 - Lesson Tab – Not used at this time
- Attachments Tab
 - Add a document(s) to be sent out with the email
 - Attach a document that already exists in the system or add a new document
 - To add a new document:
 - Click “General Setup”
 - Click “Configuration”
 - Click “Documents/Links”
 - Click add at the bottom of the screen
 - Update the name
 - Upload the file
 - Click Save
- Preview the email before sending
 - Go back to the “General Tab” and click on “Preview” button at the bottom of the screen
 - Enter your email address and click “OK”
 - Wait for the email to come through to you and make sure everything looks good
- Now send the email
 - Go back to the “Send Email”
 - Template Search – type in the name of email
 - Click “Retrieve Recipients”
 - A new tab appears called “Recipients”
 - Remove Duplicates (click remove duplicates right side of screen)
 - Remove Selected (if there is anyone you don’t want it to be sent to select them, then click remove selected on right side of screen)
 - Click “Save to email queue” (top right of screen)
- The email is now being sent

Finance

Mileage Reimbursement

Employees using their own vehicles for work related duties are eligible for reimbursement if they have maintained appropriate insurance coverage. Reimbursement rates are based on the IRS Reimbursement Rate which is adjusted annually.

Travel from home to your work site and from your work site to home is not eligible for reimbursement. All travel must be logged on a monthly mileage report and all drivers must complete an Authorization for Mileage Reimbursement Form (Please refer to this form for insurance requirements). [**Please refer to: Appendix S for example of Monthly Mileage Report, Appendix T for the Authorization for Mileage Reimbursement Form, Appendix U for the Personal Automobile Insurance Employee Acknowledgement Form** \(pages 73, 74, & 75\)](#)

Purchasing

- **Remember:** When purchasing anything anywhere, ***make sure the vendor does not charge sales tax!*** We are tax exempt. You will receive a card with the city's tax exempt number. If you purchase something and tax is charged, it will be your responsibility to correct the error.
- ***Purchasing Card*** Department purchasing cards are available to use for program related purchases. Authorization for use is required from your professional supervisor prior to being checked out by the front office staff.
- ***Purchases***
 - Each program purchase must be on a separate receipt.
 - Do not combine purchases for multiple programs on one receipt.
- ***Receipts*** A copy of the original receipt should be submitted to a supervisor within one business day. The following information should be included on the receipt:
 - Account number (and make sure it's correct for the items purchased).
 - Name of card (Rec 1, Rec 2, Concessions, etc).
 - Name of the Program/Activity the purchase is for.
 - First and last name of person who purchased the item(s).
 - Description of what was purchased (example: concession supplies, snacks, tools, parts).
 - Program supervisor name.
 - Please scan the receipt into the appropriate folders after the above information is included on the receipt.
 - File Location
 - U:\Recreation\Recreation Programs\1. Procurement Card Receipts
 - U:\Recreation\Recreation Programs\2. Program Receipts
 - File Name Format
 - Date, amount, vendor, program, purchaser initials
 - Example: 3.4.20 95.86 Sams Hobbs EA

Program and Services Management

Recreation

The Recreation Division is responsible for the operation and management of community recreation programs, facilities, and services. This includes:

- Compliance with local, state, and federal requirements
- Facility Management & Operations (Fairfax Pool & Hobbs Ice Arena)
- Recreation Programming (instructional, athletics, and events)
- Facility Scheduling (pavilions, athletic fields, and other facilities)
- Concession Operations
- Policy Development with Department Team
- Financial Accountability and Annual Reporting
- Planning & Evaluation
- Community Relations

Fairfax Pool

Management is responsible for the operation, administration, and maintenance of Fairfax Municipal Pool This includes:

- Compliance with local, state, and federal requirements
- Operation of a safe facility
- Facility Security
- Facility Scheduling
- Grounds and Building Maintenance
- System to track maintenance records
- Personnel Functions
- Concessions Operation
- Financial Accountability and Annual Reporting
- Communication with the public

Hobbs Ice Arena

Management is responsible for the operation, administration, and maintenance of Hobbs Municipal Ice Center. This includes:

- Compliance with local, state, and federal requirements
- Operation of a safe facility
- Facility Security
- Facility Scheduling
- Grounds and Building Maintenance
- System to track maintenance records
- Personnel Functions
- Concessions Operation
- Financial Accountability and Annual Reporting
- Communication with the public

Program Schedules

All activities shall start on time according to the schedule developed by Eau Claire Parks, Recreation, and Forestry. The program schedule should be strictly adhered to. Employees are not at liberty to close early or make schedule changes without permission of their supervisor.

ADA Accommodations

Eau Claire Parks, Recreation, and forestry intends to comply with the intent and spirit of the Americans with Disabilities Act. In some cases special accommodations will be made to allow participants to enroll in your program. We will notify you in advance of any special circumstances. Please contact your supervisor immediately if arrangements have not been made for accommodations requested by disabled participants. If an employee needs special accommodations to perform assigned tasks, it is their responsibility to inform their supervisor.

Registration

Pre-registration is required for all instructional and athletic programs for which a fee is charged. You will be given a program roster, which lists the participants. Any participant whose name does not appear on your list should have a class receipt issued by our office. You are ***not*** at liberty to accept registrations at the class site or to authorize changes from one class to another. Please direct all registration questions to the Parks & Recreation office. Please review the Roster and Attendance sheet for further information. *****See Appendix I for visuals of an expanded roster and attendance sheet***** (pages 62 & 63)

COVID-19 Safety

Eau Claire Parks, Recreation and Forestry intends to follow current Eau Claire County Health Department and Center for Disease Control guidelines when planning and implementing programs and services. Your supervisor will train you on program specific procedures during the orientation process. For current community expectations please visit <https://coronavirus-and-covid-19-information-hub-eccounty.hub.arcgis.com/pages/e86da215a6814355b45695a0af7a71e8>

Physical Resources Management

Facility Reservations

In order to provide an orderly procedure through which groups and individuals may reserve a facility, all reservations will be handled through the Recreation Division.

Resources

The use of technology is a vital component to the recreation division operations, planning, and customer services. The information and conveniences allow staff and customers to evaluate programs, facilities, and services offered by the department. Reporting is more accurate, matrices are easier to develop, and comparing data can be reviewed using and sorting a variety of criteria.

Software Programs

Software utilized by the department team include:

- Max Galaxy/Active
- Munis (finance accounting software)

- NeoGov (human resources staff management)
- Microsoft office suite (business solutions software package)

Web-Based Information

The department team utilizes web-based sites and software as a resource for obtaining information, providing information, and requesting feedback. Below is a brief listing of web-based resources utilized.

- City Website
- Max Galaxy/Active customer portal for online transactions
- Survey Monkey
- National Recreation and Parks Association
- Wisconsin Parks and Recreation Association
- Wisconsin Ice Arena Management Association
- WhenToWork
- Brown Bear in/out board

Social Media Plan

Communication using various social medium has become vital to providing information and the promotion of the department programs, facilities, and services. Preparing and planning for use of these tools enlightened the department team to think about various scenarios, responses, and maintaining data as public record. The process included the following steps:

- Completion of Facebook worksheets
- Meetings with the City Social Media Team and Consultant
- Review and discussions regarding City social media policy
- Preparation of Facebook pages for General Administration, Fairfax Municipal Pool, and Hobbs Ice Arena
- Preparation and Implementation of Twitter accounts

Eau Claire Parks, Recreation and Forestry meets with the Social Media Team and Consultant at least once annually to review implementation, analyze data, and learn about new features and options.

Security and Public Safety

Introduction

Accidents don't just happen – they are caused. Eau Claire Parks, Recreation and Forestry seeks to control loss and prevent accidents in four ways:

- By providing written instructions to each employee or program participants on safety procedures, which must be observed on the job or at a department facility.
- By providing written advice to each employee about safe working habits and procedures, which will reduce the risk of accident and injury.
- By assigning responsibility for supervision, training and inspection.

- By tracking employee accidents and program participant injuries and analyzing patterns, adapting training requirements, making facility modifications and reviewing employee/program participation feedback.

Accidents result from human failures – someone did something he or she should not have done, or someone failed to do something he or she should have done, or a hazard went unrecognized and not repaired.

Human failings can be controlled. A safe environment is your responsibility and part of your job. An accident in which no one was hurt is still an interruption in service being provided and is actually a warning signal that a possible hazard exists. Recognize and correct all hazards – if an unsafe act is performed enough times, it will eventually result in an accident. Just how long it will take may vary, but it will happen. Safety should be a way of doing business every day.

Process

The Safety Committee is responsible for implementing the following procedures to ensure a safe work place, safe programs and safe facilities for the public. The process involves risk identification, risk response and management of risk.

Public Safety, Law Enforcement and Security Plan Vision

Security and public safety is the process where the City of Eau Claire protects its employees and the public from third parties such as crimes, traffic accidents and natural disasters. The goal of a public safety, law enforcement and security plan is to reduce or avoid losses and injury among employees and guests, through sound planning, supervision and training.

Public Safety, Law Enforcement and Security Goal

The goal of the safety, law enforcement and security plan is to eliminate or reduce accidents to employees, guests and financial losses to the City by recognizing the different types of losses, reducing frequency and reducing the severity of accidents. This will be done through educating and training employees in proper safety techniques, work procedures and supervision.

We desire to develop a Public Safety, Law Enforcement, and Security plan that seeks to provide the safest environment for all park visitors, recreation program participants and staff, while maintaining the essential natural and recreational character of our parks.

Public Safety, Law Enforcement and Security Objectives

Eau Claire Parks, Recreation and Forestry will strive to achieve its vision and goals by setting the following objectives:

- Educating employees, program participants and facility guests of proper safety practices and applicable laws.
- Identify staff that will be responsible for safety in work places, programs and facilities. Staff are responsible for assisting in the enforcement of all park and facility ordinances, rules and laws.
- Establish a Safety Committee with representatives from all work areas to identify risks respond accordingly and reduce the risk frequency.

Public Safety, Law Enforcement and Security Policy Statement

The personal safety and health of each employee of the City of Eau Claire and the prevention of occupationally induced injuries and illnesses are of primary importance. To the greatest degree possible, management will maintain a safety program conforming to the best management practices of organizations like Eau Claire Parks, Recreation and Forestry and provide mechanical and physical facilities for the personal safety of employees and program participants. To be successful, such a program must embody the proper attitudes toward injury and illness prevention on the part of all employees and program participants.

The responsibility for safety must be shared:

- For its employees and program participants, the City of Eau Claire provides for safety via an active Safety Committee. This committee will provide employees with an opportunity to share safety concerns of employees and program participants with the City Risk Control Coordinator.
- The Parks, Recreation and Forestry divisions will conduct on-going training for department employees – both full-time and seasonal in a variety of subjects. Training opportunities should include video, written instruction, hands on training and testing of knowledge.
- The Parks, Recreation and Forestry Safety Committee will analyze accidents and incidents involving employees and program participants, and follow through on possible changes in the way the Department conducts business, in order to make employees and program participants safer.
- Eau Claire Parks, Recreation and Forestry shall conduct on-going inspections of park facilities, playground equipment and program operations to ensure the safety of employees and program participants.
- The Department Director shall ensure that formal and effective relationship exists between the Parks and Police Departments by coordinating training, communication and mutual assistance.

Only through a cooperative effort can a good safety record be established and preserved.

Crime Scenes/Vandalism/Preserving Evidence

If you should happen to come across a crime scene, graffiti, needles, or other drug paraphernalia the following steps should be taken immediately.

1. Call the Police Department and your Supervisor
2. Keep the public away and preserve the scene until the Police arrive.
 - a. If you are unable to preserve the scene take photographs if possible and make a written report.
3. Wait for approval from the Police Department to clean the area.

Lightning Policy

Criteria for suspension and resumption of an outdoor event, athletic contest, swimming at Fairfax Pool or any other outdoor activity being hosted by Eau Claire Parks, Recreation and Forestry :

- When thunder is heard, or a cloud-to-ground lightning bolt is seen, the thunderstorm is close enough to strike your location with lightning. Suspend play, activity or event and take shelter immediately. This includes players, fans, patrons and ECPR employees.
- Thirty-minute rule. Once play, activity or event has been suspended, wait at least 30 minutes after the last thunder is heard or flash of lightning is witnessed prior to resuming play, activity or event.
- Any subsequent thunder or lightning after the beginning of the 30-minute count, reset the clock and another 30-minute count should begin.

Emergency Action & Security Planning

Recognizing the importance of patron, guest, and staff safety in the event of an emergency is critical. The protection and safety of guests and staff is a priority at all Eau Claire Parks, Recreation, and Forestry facilities and programs. Each program will have an Emergency Action Plan (EAP). The EAP is designed to provide the framework for responding to major incidents, including aquatic and medical emergencies, as well as facility emergencies. The goals of this plan are to outline a strategy to prepare for, prevent, respond to, and recover from an emergency. EAP plans will be addressed at each program or facility specific orientation.

Emergencies and other life threatening situations that are part of each plan include; Fire, Chemical, Security Evacuation, Violence/Abuse, Bomb Threat, Robbery, Missing Person, and Severe Weather.

In the case of a severe bleeding incident, “Go Bags” will be placed at Hobbs Ice Arena, Fairfax Pool, Carson Baseball Stadium and Carson Park Football Stadium. These bags are labeled and located with the existing first aid kits. These bags include supplies such as tourniquets and Israeli bandages which will be for employees to use in case of a life threatening bleeding incident.

Media and Other Communications

Staff are not to discuss information about the emergency situation to media. All questions from the media will be directed to the City of Eau Claire designated representative at City Hall.

Risk Management

Introduction

As authorized by the City of Eau Claire Joint Environmental Health and Safety Committee, Eau Claire Parks, Recreation and Forestry shall organize a Department Risk Management and Safety Committee (Safety Committee) for the purpose of managing risk and promoting safety within the Department.

Each division shall have representatives on the Risk Management/Safety Committee, including division heads, foremen, and front line workers. The Director of the Department, or designee, shall organize the Safety Committee including setting meetings, taking minutes and setting agendas.

The Department chooses to combine the scope of the committee to include risk management and safety issues for convenience purposes.

Risk Management Plan Vision

Risk management is a process between Eau Claire Parks, Recreation and Forestry (the employer) and its staff (employees) and its guests (program participants). The goal of a risk management plan is to reduce or avoid losses and injury among employees and program participants, through sound planning, supervision and training.

Risk Management Goal

The goal of the risk management plan is to eliminate or reduce accidents to employees, guests and financial losses to the City by recognizing the different types of losses, reducing frequency and reducing the severity of accidents. This will be done through educating and training employees in proper safety techniques, work procedures and supervision.

We desire to develop a risk management plan that seeks to provide the safest environment for all park visitors, recreation program participants and staff, while maintaining the essential natural and recreational character of our parks.

Risk Management Objectives

Eau Claire Parks, Recreation and Forestry will strive to achieve its vision and goals by setting the following objectives:

- Educating employees, program participants and facility guests of proper safety practices
- Identify staff that will be responsible for safety in work places, programs and facilities.
- Establish a Safety Committee with representatives from all work areas to identify risks respond accordingly and reduce the risk frequency.

Risk Management Policy Statement

The personal safety and health of each employee of the City of Eau Claire and the prevention of occupationally induced injuries and illnesses are of primary importance. To the greatest degree possible, management will maintain a safety program conforming to the best management practices of organizations like the Eau Claire Parks, Recreation and Forestry and provide mechanical and physical facilities for the personal safety of employees and program participants. To be successful, such a program must embody the proper attitudes toward injury and illness prevention on the part of all employees and program participants.

The responsibility for safety must be shared:

- For its employees and program participants, the City of Eau Claire provides for safety via an active Safety Committee. This committee will provide employees with an opportunity to share safety concerns of employees and program participants with the City Risk Control Coordinator.
- The Parks, Recreation and Forestry divisions will conduct on-going training for department employees – both full-time and seasonal in a variety of subjects. Training opportunities should include video, written instruction, hands on training and testing of knowledge.

- The Parks, Recreation and Forestry Safety Committee will analyze accidents and incidents involving employees and program participants, and follow through on possible changes in the way the Department conducts business, in order to make employees and program participants safer.
- Eau Claire Parks, Recreation and Forestry shall conduct on-going inspections of park facilities, playground equipment and program operations to ensure the safety of employees and program participants.

Only through a cooperative effort can a good Risk Management record be established and preserved.

Research

General Philosophy

It is the philosophy of Eau Claire Parks, Recreation and forestry to be innovative and adaptable. This is accomplished each year through ongoing training and incorporating new methods and ideas into our thinking and policies. If you have ideas or special knowledge, feel free to introduce new ideas and concepts to your immediate supervisor.

Recreation

The Recreation Division will continue to evaluate programs, facilities, and services annually. Division matrices will be reviewed, updated, and analyzed annually. Trends analysis and experimental project implementation are a high priority.

Fairfax Pool & Hobbs Ice Arena

These recreation facilities will continue to investigate alternative maintenance practices, meet standards of compliance, and evaluate trends within the scope of the facility classification.

Appendix A

EMERGENCY & DEPARTMENT CONTACT LIST

Emergency (dial 9-911 if using a city telephone)	911
Police Non-Emergency	839-4972

Facilities

Recreation Office	839-5032
Parks Office	839-5039
Program Information Line	839-2913
Fairfax Pool	839-1680
Hobbs Ice Arena	839-5040
Department Fax	839-1685
Web Site	www.eauclairewi.gov/pr

Direct Staff Extensions

Dawn Comte, Recreation Manager	839-3894
Program and Fairfax Facility Supervisor	839-5034
Patrick Newkirk, Program and Hobbs Facility Supervisor	839-5070
Pete Seymour, Hobbs Assistant Facility Supervisor	839-5198
Julie Booth, Program Supervisor	839-4771
Beau Sandleback, Program Supervisor	839-8737
Aaron Hanson, Program Supervisor	839-8737
Seasonal Program Planners	839-3895
Aquatics, Baseball, Basketball, Early Childhood, Football, Ice Rinks, Playgrounds, Soccer, Softball, Special Populations)	
John Lofgren, Parks Supervisor	828-0353
Steve Roscoe, Parks Supervisor	828-0354

Appendix B

Employee Injury Report

FORM A: EMPLOYEE INJURY/ILLNESS REPORT City of Eau Claire PO BOX 5148 Eau Claire, WI 54702-5148

Use this form to report all employee accidents/incidents. It must be submitted to the Risk Manager **within 24 hours** following the date of the incident. If the employee is unable to complete their account of the event, the supervisor is to provide the information on their behalf.

EMPLOYEE CONTACT INFO					
Employee Name (First, Middle, Last)		Employee Number		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Employee Home Telephone No.
Employee Street Address		City		State	Zip Code
Birth Date	Position	Date of Hire	Department	Supervisor	
DESCRIPTION OF INCIDENT					
Date of Injury/Incident		Time	Date Injury/Incident was Reported		Time
What work was being performed at the time?			Were there any witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No Name(s) of Witnesses		
			A. B.		
			Phone # Phone #		
Where did the incident occur? What happened to cause this injury/illness or incident? Describe how the injury or incident occurred—give details about tools, machinery, objects, chemicals, other persons, etc. that were involved in or caused the injury/incident.					
IF AN INJURY/ILLNESS INCIDENT					
What type of injury was this? Ex: Cut, strain, burn, contusion [bruise or sore], infection, etc.					
What body part was injured?					
Did you seek medical treatment?					
<input type="checkbox"/> No — This injury required only first aid care on the scene or at home.					
<input type="checkbox"/> Yes at _____ &/or _____					
Name of Clinic or Hospital			Name of treating healthcare provider if known		
Date & Time: _____					
Briefly explain the care your injury needed:					
Will you need more care?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Unknown	Explain:
Have you missed work?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	Starting when:	Ending when:
INCIDENT PREVENTION					
How do you think this incident could have been prevented?					
Did you find the safety equipment, procedures & PPE to be sufficient? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, explain:					
What corrective action have you taken to prevent this from re-occurring?					
SIGNATURE					
Employee:		Work Contact No.		Position	Date Signed

SUPERVISOR MUST COMPLETE OPPOSITE SIDE BEFORE SUBMITTAL TO RISK MANAGER

Appendix B Continued
Employment Injury Report Page 2

SUPERVISOR'S REVIEW OF INCIDENT

CLASSIFICATION OF INCIDENT			
Employee:	Date of Incident:	Date Employer Notified:	
Department:	Position:	Supervisor:	
Injury: <input type="checkbox"/> Yes <input type="checkbox"/> No Last Day Worked: _____		Property Loss Est: <input type="checkbox"/> <\$1000 <input type="checkbox"/> >\$2500 & >\$5000 <input type="checkbox"/> <\$5000	
INCIDENT REVIEW			
<p>Corrections or additions to Employee report:</p> <p>What factors do you think contributed to this incident?</p> <p>Q. Was this a <input type="checkbox"/> routine task for this worker? Or was this a <input type="checkbox"/> non-routine/unusual task for this worker?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Was proper technique applied? If no, explain:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Were the tools, equipment & assistance appropriate and sufficient for this worker & job?</p> <p style="padding-left: 40px;">If not, what is needed:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Were the written rules, directives, warnings and oral instructions appropriate & sufficient for the task?</p> <p style="padding-left: 40px;">If not, or if a change is needed, what is recommended?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Were work conditions underestimated, overlooked or not inspected before task was started?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Was the worker inattentive or did the worker show disregard for rules or hazardous conditions?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Was there poor communication or planning with other workers?</p> <p>Were safety devices [guards, locks, seatbelts, etc.] in use? <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None <input type="checkbox"/> N/A</p> <p style="padding-left: 20px;">[If required items were not used, or if inappropriate, explain.]</p> <p>Was required PPE worn? <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None <input type="checkbox"/> N/A</p> <p>Circle all protection that was in use: <input type="checkbox"/> ear <input type="checkbox"/> eye <input type="checkbox"/> head/face <input type="checkbox"/> foot <input type="checkbox"/> hand <input type="checkbox"/> high visibility vest <input type="checkbox"/> other</p> <p>Explain all other factors & unusual conditions which may have contributed to this incident:</p> <p>IF AN INJURY—How would you classify this experience: <i>Injury was a result of</i></p> <p><input type="checkbox"/> slip/trip/fall <input type="checkbox"/> struck-by/hitting <input type="checkbox"/> caught-in/on/between <input type="checkbox"/> bug/plant/weather-environmental contact <input type="checkbox"/> vehicular accident</p> <p><input type="checkbox"/> use of excessive muscular force <input type="checkbox"/> contact with chemical <input type="checkbox"/> altercation with subject <input type="checkbox"/> patient care <input type="checkbox"/> other</p> <p style="text-align: center;">How would you classify this incident: <input type="checkbox"/> AVOIDABLE <input type="checkbox"/> UNAVOIDABLE</p>			
REMEDIAL PLAN			
<p>What corrective action has been taken?</p> <p>What else do you think the department needs to do IMMEDIATELY to prevent this from re-occurring? <i>Check all that apply. Add to list if needed.</i></p> <p><input type="checkbox"/> More training for the <input type="checkbox"/> division/department <input type="checkbox"/> workgroup <input type="checkbox"/> worker</p> <p><input type="checkbox"/> More supervision is planned for this employee</p> <p><input type="checkbox"/> Purchase different tools or equipment. Explain:</p> <p><input type="checkbox"/> Modify or reassign task, work conditions or tools, or work directives. Explain:</p> <p><input type="checkbox"/> Other:</p> <p>What long-range recommendations do you think the department needs to implement?</p>			
SIGNATURES			
Supervisor:	Date:	Dept/Div Head:	Date:

1. SEND COMPLETED ORIGINAL REPORT TO RISK MANAGEMENT **WITHIN 24 HOURS** and
2. Send a copy to your department/division Safety Committee

Appendix C



Department of Human Resources

ELECTRONIC COMMUNICATIONS POLICY ACKNOWLEDGEMENT

As an employee of the City of Eau Claire, I recognize and understand that the City's electronic communications systems are to be used only for conducting the City's business, except as allowed by the policy, and that all equipment, software, messages and files are the exclusive property of the City.

I understand that the use of this equipment for private purposes is strictly prohibited, except as allowed by the policy. I agree not to use the electronic communications systems in a way that is disruptive, offensive, or harmful to others or to the City. Further, I agree not to use a password that has not been disclosed to the City. I agree not to use pass codes, access a file, or retrieve any stored communication other than where authorized unless there has been prior clearance by an authorized City representative. I agree not to copy, send or receive copyrighted materials without prior authorization.

I am aware that the City reserves and will exercise the right to review, audit, intercept, access and disclose all matters on the City's electronic communications systems at any time when legitimate business needs require it. I am aware that the City may exercise these rights with or without employee notice, and that such access may occur during or after working hours. I am aware that use of a City-provided password or code does not guarantee confidentiality, guarantee privacy, or restrict the City's right to access electronic communications.

I am aware that violations of the policy may subject me to disciplinary action, up to and including discharge from employment.

I acknowledge that I have read and that I understand the City's policy regarding electronic communications. I also acknowledge that I have read and that I understand this notice.

Employee Name (print)

Employee Name (signature)

Date

Drug & Alcohol-Free Workplace

I, (print name) _____,
acknowledge receipt of the attached City of Eau Claire Drug & Alcohol-Free
Workplace policy statement.

I understand that the City of Eau Claire is committed to maintaining a drug and
alcohol-free workplace, and that violation of this policy will have serious
consequences, up to and including termination.

I understand that the City has the right to test me if there is reasonable suspicion
of a violation of this policy when I am on duty or reporting for duty.

I understand that I must notify the Department of Human Resources of any
criminal drug statute conviction for a violation occurring in the workplace no later
than five (5) days after such a conviction.

I acknowledge that I have read and I understand this notice of the City of Eau
Claire's policy regarding a drug and alcohol-free workplace.

Initial the Drug & Alcohol-Free Workplace section of Employee Acknowledgment Form

Appendix E

Employee Disciplinary Action Form



Administrative Offices**Recreation Division**

915 Menomonie Street, Eau Claire, WI 54703
(715) 839-5032 FAX (715) 839-1685

Parks Maintenance Division**Forestry/Cemetery Division**

910 Forest Street, Eau Claire WI 54703
(715) 839-5039 FAX (715) 839-3823

EMPLOYEE DISCIPLINARY ACTION FORM

Employee Name: _____

Date of Incident: 7/6, 7/21, 7/28/16

Description of Incident:

Name did not attend one of three Lifeguard Skills Sessions for CPR/AED. The 3 sessions were scheduled on July 6, July 21, and July 28.

Name was scheduled to attend the session scheduled on July 21, 2016. He/She chose to pick up a shift at North High from 6:00 -8:15 PM. I was unable to relieve him/her in time to attend the skill session.

Name was reminded that he/she needed to attend on July 28 to make up the skill session. On July 28, I sent a curtesy text message to remind him/her. *Name* sent back a message that he/she had other plans.

A meeting was scheduled with *Name* for August 1 at 4:00 PM. At this meeting, *Name* & I discussed the importance of the skills checks and how to improve his/her overall performance.

Name understands:

- The skills check schedule (A paper copy was received.)
- He/She is not to pick up additional shifts, without supervisor approval
- Attendance at the skill session on August 15 is Mandatory, to remain on the schedule for the rest of the season.

This incident has been discussed with me. I understand that I have violated Department policies and procedures for part time employees. I realize that this form will be kept in my file, and serves as a final warning. Further violation of Department policy will result in dismissal.

Employee Signature/Date

Supervisor Signature/Date

www.eauclairewi.gov/pr

Appendix F

Example of Completed Timesheet

CITY OF EAU CLAIRE - Temporary Employee Timesheet																							
Employee Number:				Last Name:				First Name:				Department/Division:				Period Ending Date:							
3455				Smith				Joeseeph				CS-Recreation				6/21/20							
Time Code	Pay Rate	Program Number	Program Name	TOTAL	6/8 Mon	6/9 Tue	6/10 Wed	6/11 Thu	6/12 Fri	6/13 Sat	6/14 Sun	6/15 Mon	6/16 Tue	6/17 Wed	6/18 Thu	6/19 Fri	6/20 Sat	6/21 Sun					
REGULAR HOURS																							
100	\$10.50	2395	FFX LG	43.5	6		6	5				4	8	4	5		5.5						
100	\$10.00	1575	CC	25.5	3		3			6		3		3				7.5					
100				0																			
100				0																			
Total Regular Hours				69	29	Week 1 Total						40	Week 2 Total										
OVERTIME HOURS																							
150	\$10.00	1575	CC	2														2					
150				0																			
150				0																			
Total Overtime Hours				2	0	Week 1 Total						2	Week 2 Total										
Total Hours				71																			
PROGRAM NUMBERS																							
1575 Carson Concessions				1577 Athletics				1579 Neighborhood Centers/Special Populations				2390 Hobbs Ice Center				2395 Outdoor Pool Operations				50292 COVID 10			
1576 Recreation Instruction				1578 Indoor Pool Operations				1580 Special Community Programs				2391 Hobbs Concessions				2396 Outdoor Pool Concessions							
Employee: _____ Date: _____ Supervisor: _____ Date: _____																							

Appendix G

Payroll Procedures & Payroll Periods

EAU CLAIRE PARKS AND RECREATION DEPARTMENT

Calendar Year 2021

Payroll Procedures for Part-Time and Temporary Employees

It is the responsibility of each employee to submit his or her completed timesheet. These are due immediately following your last day of work during that pay period. Late timesheets will be processed for the following payroll. A W-4 for the current year, an I-9 and an application must be on file with Human Resources before an employee is placed on the payroll.

The timesheet must contain the following information:

Employee # You will be issued an employee #. **You must put this on your timesheet!**

Department/Division **CS-Recreation** for all recreation positions. Use rate per event for any bi-weekly or per game rates; rate per hour for any hourly wages. If you have worked more than one position or program, use one line for each in the appropriate spaces.

Program #..... Four-digit number listed below.

Total # of Events or Hours Dates must be filled in above hours/events actually worked. Must be in whole or quarter of an hour increments and total must be recorded.

Signature & Date Be sure to sign your timesheet.

PAYROLL PERIODS – December 21, 2020 – December 23, 2021

Beginning Date	Ending Date (Time Card Due)	Paid-Friday After 3:00pm	Beginning Date	Ending Date (Time Card Due)	Paid-Friday After 3:00pm
December 21	January 3	January 8	June 21	July 4	July 9
January 4	January 17	January 22	July 5	July 18	July 23
January 18	January 31	February 5	July 19	August 1	August 6
February 1	February 14	February 19	August 2	August 15	August 20
February 15	February 28	March 5	August 16	August 29	September 3
March 1	March 14	March 19	August 30	September 12	September 17
March 15	March 28	April 2	September 13	September 26	October 1
March 29	April 11	April 16	September 27	October 10	October 15
April 12	April 25	April 30	October 11	October 24	October 29
April 26	May 9	May 14	October 25	November 7	November 12
May 10	May 23	May 28	November 8	November 21	November 26
May 24	June 6	June 11	November 22	December 5	December 10
June 7	June 20	June 25	December 6	December 19	December 23

Reminder: Live checks that are not picked up by 12:00 PM on the Monday following the payday will be mailed to the address on the check. Office hours to pick up paystubs, if desired, are Monday-Friday, 8:00 AM-5:00 PM.

Program Codes:

1562 – Administration	1577 - Athletics	1580 - Special Community Programs
1575 - Carson Concessions	1578 - Indoor Pool Operations	2390 - Hobbs Ice Arena
1576 - Recreation Instruction	1579 - Neighborhood Centers	2395 - Outdoor Pool Operations

Appendix H

Personnel Evaluation

City of Eau Claire Parks & Recreation Department

Personnel Evaluation

Recreation Division

EMPLOYEE NAME: _____ JOB TITLE(S): _____

EVALUATION PERIOD: FROM _____ TO _____

5 = EXCELLENT 4 = GOOD 3 = SATISFACTORY 2 = FAIR 1 = POOR

1. QUALITY OF WORK

Employee is prepared and organized	5	4	3	2	1	N/A
Employee follows directions accurately	5	4	3	2	1	N/A
Employee demonstrates leadership skills	5	4	3	2	1	N/A

2. INITIATIVE & QUANTITY OF WORK

Employee follows through on all assigned work tasks	5	4	3	2	1	N/A
Employee accepts additional responsibilities & job assignments	5	4	3	2	1	N/A

3. INITIATIVE & DEPENDABILITY

Employee follows and works their scheduled hours	5	4	3	2	1	N/A
Employee requests for time off are limited and reasonable	5	4	3	2	1	N/A

4. CONTACT WITH OTHERS

Employee is actively involved with program participants	5	4	3	2	1	N/A
Communicates with and respects participants	5	4	3	2	1	N/A
Employee represents the City in a professional manner	5	4	3	2	1	N/A
Employee presents self as a positive role model in the community	5	4	3	2	1	N/A
Employee is cooperative with all co-workers	5	4	3	2	1	N/A

5. ATTITUDE

Employee is professional while on duty	5	4	3	2	1	N/A
Employee respects their immediate supervisor and professional staff	5	4	3	2	1	N/A
Employee follows Parks and Recreation policies and procedures	5	4	3	2	1	N/A

6. JUDGEMENT

Employee enforces rules and is consistent	5	4	3	2	1	N/A
Employee is fair and consistent when discipline is necessary	5	4	3	2	1	N/A

7. APPEARANCE

Employee is in appropriate uniform as required	5	4	3	2	1	N/A
Employee keeps a neat, clean site/facility	5	4	3	2	1	N/A

8. SAFETY

Employee reports damaged property and equipment as required (timely)	5	4	3	2	1	N/A
Employee files accident/discipline reports as required (timely)	5	4	3	2	1	N/A

9. ATTENDANCE # of Excused Absences _____ # of Unexcused Absences _____ Why? _____

SUPERVISOR COMMENTS: _____

EMPLOYEE COMMENTS: _____

Please sign on the "Employee Signature" line below indicating that you have reviewed this personnel evaluation. Signing this form does not indicate that you agree with the information within. If you do not agree with any statements or ratings, you may write on this form or submit an attachment.

EMPLOYEE SIGNATURE _____

DATE _____

EVALUATED BY (SIGNATURE) _____

DATE _____

REVIEWED BY EVALUATOR'S SUPERVISOR _____

Appendix I

Max Galaxy Roster



Eau Claire Parks, Recreation and Forestry Activity Roster

Babysitters Training w/Pediatric First Aid/CPR (MTW 9am) (SAYBS-101SM)

Activity Type: Summer Enrichment & Instruction

Category: Skills Training

Start/End Day: 6/18/2018 - 6/20/2018

Season: 2018 Summer

Start/End Time: 9:00 AM - 12:15 PM

Name: Kylie Baldwin	DOB: 3/21/2007 (11y2m)	Gender: F	Gr: 6
Address: 3351 Vineyard St , Eau Claire WI 54703			
Registrant Email: baldwins2004@gmail.com	Primary Contact Email: baldwins2004@gmail.com		
Registrant Phone: (715) 579-5222	Primary Contact Phone: (715) 579-5222		
School:			
Name: Kaylee Donabauer	DOB: 12/29/2006 (11y5m)	Gender: F	Gr: 5
Address: 3721 Riverview Dr , Eau Claire WI 54703			
Registrant Email: amberschmidt@live.com	Primary Contact Email: amberschmidt@live.com		
Registrant Phone: (715) 514-1487	Primary Contact Phone: (715) 514-1487		
School:			
Name: Lucas Furst	DOB: 6/26/2005 (12y11m)	Gender: M	Gr: 7
Address: 2119 13Th St Apt/Ste , Eau Claire WI 54703			
Registrant Email: seabeacon8@charter.net	Primary Contact Email: seabeacon8@charter.net		
Registrant Phone: (715) 832-6371	Primary Contact Phone: (715) 832-6371		
School:			
Name: Cooper Jespersion	DOB: 11/17/2006 (11y6m)	Gender: M	Gr: 6
Address: 6082 White Owl Lane , Eau Claire WI 54701			
Registrant Email: ladyluck0429@yahoo.com	Primary Contact Email: ladyluck0429@yahoo.com		
Registrant Phone: (715) 828-0157	Primary Contact Phone: (715) 828-0157		
School:			
Name: Samuel Kording	DOB: 6/21/2005 (12y11m)	Gender: M	Gr: 7
Address: 1130 Orion Way , Eau Claire WI 54703			
Registrant Email: ckording@hotmail.com	Primary Contact Email: ckording@hotmail.com		
Registrant Phone: (715) 579-7914	Primary Contact Phone: (715) 379-4394		
School:			
Name: Brittney Kullman	DOB: 11/10/2003 (14y6m)	Gender: F	Gr: 9
Address: 1820 Rist Ave , Eau Claire WI 54701			
Registrant Email: joshuakullman1981@yahoo.com	Primary Contact Email: joshuakullman1981@yahoo.com		
Registrant Phone: (715) 577-8651	Primary Contact Phone: (715) 577-8651		
School:			
Name: Lily Mardis	DOB: 11/1/2006 (11y7m)	Gender: F	Gr: 5
Address: 3416 Anderson Dr , Eau Claire WI 54703			
Registrant Email: mardisv@uwstout.edu	Primary Contact Email: mardisv@uwstout.edu		
Registrant Phone: (715) 834-2142	Primary Contact Phone: (715) 834-2142		
School:			
Name: Isabella Miller	DOB: 6/13/2007 (10y11m)	Gender: F	Gr: 5
Address: 2818 Prestige Ct #3 , Eau Claire WI 54703			
Registrant Email: millerj@lakeland.edu	Primary Contact Email: millerj@lakeland.edu		
Registrant Phone: (715) 205-9462	Primary Contact Phone: (715) 205-9462		
School:			
Name: Dylan Olson	DOB: 1/23/2006 (12y4m)	Gender: M	Gr: 6
Address: 1703 Clearwater Ridge Ct , Eau Claire WI 54703			
Registrant Email: Pdriesb@gmail.com	Primary Contact Email: Pdriesb@gmail.com		
Registrant Phone: (608) 799-5222	Primary Contact Phone: (608) 799-5222		
School:			

Appendix I Continued

Max Galaxy Attendance Sheet



Eau Claire Parks, Recreation and Forestry

Attendance Sheet

Trailblazers Running Instruction (MW 6:30pm) - SAYRI-101CP

Type: Summer Enrichment & Instruction

Category: School Age Programs

Season: 2018 Summer

Number of Sessions: 0

Dates: 7/30/2018 - 8/22/2018

Registrant	7/30	8/1	8/6	8/8	8/13	8/15	8/20	8/22
Ankeny, Katie	X	X	X	O	X	X	X	X
Benton, Wesley No Show	O	O	O	O	O	O	O	O
Brantner, Angelo	X	X	X	X	X	X	X	X
Corlett, Eli	X	O	X	X	X	X	O	X
Dearbin, Samuel	O	X	X	O	X	O	O	O
Devore, Oscar	X	X	X	X	O	X	X	X
Donnelly, Corbin	O	O	X	X	O	O	O	O
Donnelly, Liam	X	X	O	X	O	O	O	O
Fagan, Bennett No Show	O	O	O	O	O	O	O	O
Fagan, Brielle No Show	O	O	O	O	O	O	O	O
Fennell, Trentyn No Show	O	O	O	O	O	O	O	O
Forsythe, Tony	O	O	X	X	X	X	X	X
Fromm, Miguel	X	X	O	X	X	X	X	X
Gibson, Evan	X	O	O	O	O	O	O	X
Gibson, Owen	X	O	O	O	O	O	O	X
Hull, Ryne No Show	O	O	O	O	O	O	O	O
Irlapati, Lizzie No Show	O	O	O	O	O	O	O	O
Johnson, Jace	O	O	X	X	O	O	O	X
King, Elizabeth No Show	O	O	O	O	O	O	O	O
Majeski, Evan	O	O	O	X	X	X	X	X
McIntosh, Grace	X	O	X	O	O	O	O	O
Merkatoris, Ben	X	X	X	X	O	O	O	X
Parkhurst, Clara	X	O	X	X	X	X	O	X
Peterson, Connor	X	X	O	O	O	X	X	X
Reames, Gavin	X	O	X	X	X	X	O	O
Reyes, Joshua No Show	O	O	O	O	O	O	O	O
Rohde, Anna NR	X	O	X	O	O	O	O	O
Sanchez, Christian No Show	O	O	O	O	O	O	O	O
Schroeder, Ellie	X	O	O	O	O	O	O	O
Seibel, Jackson No Show	O	O	O	O	O	O	O	O
Seidel, Emilea	X	O	O	O	O	X	O	O
Sorensen, Gavin	X	O	X	O	X	O	X	X
Strahm, Brady NR	X	X	O	X	X	X	O	O
Ward, Spencer	X	O	O	X	X	O	O	X
Wegner, Cole	X	X	O	O	O	O	O	O
Westerlund, Sam	X	O	X	X	O	O	X	X
Westerlund, Ted	X	O	X	X	O	O	X	X

Total = 37

ECASD = 25

Non-ECASD = 8

No Show = 10

17 = 114
(7)

107 ECASD
Att.

Appendix J
Press Release



**Administrative Offices
Recreation Division**

915 Menomonie Street, Eau Claire, WI 54703
(715) 839-5032 FAX (715) 839-1685

**Parks Maintenance Division
Forestry/Cemetery Division**

910 Forest Street, Eau Claire WI 54703
(715) 839-5039 FAX (715) 839-3823

PRESS RELEASE

For Immediate Release:

Date: June 30, 2015
Contact: Christine Mohr
Phone: (715) 839-1680

Fairfax Pool Dollar Day

Fairfax Pool
11:30am-7:00pm

Fairfax Pool will be holding our feed our community dollar day on Thursday July 2, 2015 all day including lap swim, aerobics and open swim from 11:30 am to 7:00 pm at Fairfax Pool.

Admission to this fun event is \$1.00 per person **with one non-perishable food item per person** or free with a Fairfax pool season pass.

For further details, please see the Summer 2015 "Prime Times" or visit us on-line at:
www.eauclairewi.gov/rec

Please contact Fairfax pool at (715) 839-1680, if you have further questions.

www.eauclairewi.gov/pr

Appendix K

Return to Work Evaluation

CITY OF EAU CLAIRE

RETURN TO WORK EVALUATION

PART 1: EMPLOYEE: Please complete Part 1 and take this form to the physician. After your physician's visit, return the completed form to your supervisor.

EMPLOYEE'S NAME _____ DATE OF INJURY/ILLNESS _____
NATURE OF INJURY/ILLNESS _____ JOB TITLE _____

PART 2: PHYSICIAN: To help this patient return to work, please complete Part 2, and sign the form. Give the completed form back to your patient and ask that it be returned promptly to the employee's supervisor.

Diagnosis: _____

Medication prescribed? Yes _____ No _____ Restrictions _____

Is patient able to do regular work? Yes _____ No _____ If no, please estimate the period of disability: _____

Is patient able to do modified duty or restricted work? Yes _____ No _____

If yes, the City has a "modified duty" program and will attempt to accommodate those employees with medical limitations. Please indicate below any restrictions that are applicable to the above listed employee:

Weight Handling Frequency	Number per hour		
	15 or more	10-15	1-10
Lifting and carrying			
a. Less than 10 pounds			
b. 10-20 pounds			
c. 20-50 pounds			
d. 50-100 pounds			
e. Over 100 pounds			

For what period of time will the above evaluation be appropriate?

Comments: _____

Date: _____

Physician's Signature: _____

	Number of Hours		
	6-8	4-5	1-3
Sitting			
Standing			
Walking			
Pushing			
Pulling			
Twisting			
Climbing			
Balancing			
Bending			
Kneeling			
Crawling			
Reaching			
Grasping			
Performing repetitive movements			
Working outdoors			
Working indoors			
Working in temperature extremes			
Working at heights			

Part 3: PHYSICIAN'S OFFICE: Next appointment date: _____

Part 4: SUPERVISOR SECTION: PLEASE COMPLETE THIS SECTION AND SEND A COPY TO THE RISK MANAGEMENT DEPARTMENT:

Is Modified Duty Available? Yes _____ No _____

Explanation _____ Supervisor Signature _____

(RM-13 9/99)

Appendix L

Program Financial Statement

Eau Claire Parks and Recreation Department

Program Financial Statement

PROGRAM NAME (If summer school program, add "(ECASD) ")
2017

EXPENSES

PERSONNEL

POSITION	PAY RATE	HOURS	TOTAL
Playground Director			\$0.00
Instructor/Leader			\$0.00
Mileage			\$0.00
		Total	\$0.00
Personnel Fees		7.65%	\$0.00
Total Personnel			\$0.00

MATERIALS, SUPPLIES, SERVICES (includes school rental fees and custodial overtime)

ITEM	UNIT COST	QUANTITY	TOTAL
Equipment Bid Purchases		1	\$0.00
Art Bid Purchases		1	\$0.00
First Aid Purchases		1	\$0.00
Clothing Purchases		1	\$0.00
Student Transit		1	\$0.00
Program Expenses		1	\$0.00
Total Materials			\$0.00

ADMINISTRATION

OVERHEAD CHARGES	CHARGE		TOTAL
Clerical, Professional Staff, Support Other Depts	30%	expense	\$0.00
Facility Overhead	5%	revenue	\$0.00
Total Administration			\$0.00
TOTAL EXPENSES			\$0.00

REVENUES

REGISTRATION

	FEE	QUANTITY	TOTAL
City Resident			\$0.00
Non City-Resident			\$0.00
Resident/ECASD Participants			\$0.00
Non-Resident/ECASD Participants			\$0.00
Total Registration			\$0.00

DONATIONS, SPONSORSHIPS

DESCRIPTION	AMOUNT	QUANTITY	TOTAL
Team Sponsorships			\$0.00
Total Donations			\$0.00
TOTAL REVENUES			\$0.00

NET REVENUES (EXPENSES)	\$0.00
--------------------------------	---------------

% RECOVERY	#DIV/0!
-------------------	----------------

III. PARTICIPATION

YEAR	TOTAL	FWS	CITY SUMMER TOTAL	ECASD SUMMER TOTAL
2016				
2015				
2014				
2013				
2012				

Appendix M

ECASD Summer School Attendance Cover Sheet

Gymnastics		2019							
		Enrollments							
Program Name	Number	Total Registered	Total ECASD	Total Non-ECASD	No Show	Actual Attendance	ECASD Attendance	Class Duration	ECASD Pupil Minutes
Session 1									
Gymnastics Instruction Beginners	SAYTA-101DM	17	16	0	1	78	78	50	3900
Gymnastics Instruction Beginners	SAYTA-102SM	18	17	0	1	83	83	50	4150
Gymnastics Instruction Advanced Beginners	SAYTA-103DM	15	15	0	0	67	67	50	3350
Gymnastics Instruction Advanced Beginners	SAYTA-104DM	15	15	0	0	63	63	50	3150
Gymnastics Instruction Beginners	SAYTA-105DM	18	17	1	0	82	77	50	3850
Session 2									
Gymnastics Instruction Advanced Beginners	SAYTA-201SM	20	18	0	2	121	121	50	6050
Gymnastics Instruction Advanced Beginners	SAYTA-202DM	16	15	0	1	96	96	50	4800
Gymnastics Instruction Beginners	SAYTA-203DM	19	12	3	4	95	72	50	3600
Gymnastics Instruction Beginners	SAYTA-205DM	20	13	3	4	98	75	50	3750
Gymnastics Instruction Advanced Beginners	SAYTA-206DM	19	17	0	2	106	106	50	5300
(Program Name) Totals		177	155	7	15	889	838	500	41900

Appendix N

Hepatitis B Vaccination Intent

City of Eau Claire HEPATITIS B VACCINATION ACCEPTANCE/DECLINATION INTENT

Print Employee Name: _____ Birth or Employee ID _____

Department: _____ Title/Position: _____

I understand that due to some work I perform for the City I can be exposed to blood, and/or other potential infectious materials, and I may be at risk of acquiring the Hepatitis B virus (HBV). This virus can cause a serious infection.

I understand that Public Health Officials recommend that I seek protection with the hepatitis B vaccine series. I understand that the City of Eau Claire will provide the 3 vaccines to me, at no charge to myself, if I choose to receive the vaccine.

I understand that there is no penalty if I choose not to receive the vaccine.

At this time I hereby choose one of the following:

_____ I accept the City provided Hepatitis B vaccine series of 3 shots over 6 months. I understand that I am responsible for scheduling* my appointments and reporting the dates to the Risk Control Coordinator.

*Call 833-4944, Sacred Heart Occupational Medicine Dept., to schedule vaccinations.

_____ I decline the Hepatitis B vaccinations. I understand that in declining this vaccine, I could be at risk for acquiring Hepatitis B, a serious disease. If in the future I want to be vaccinated I can receive the vaccine series at no charge to me by notifying my employer.

_____ I have completed the series of 3 Hepatitis B vaccinations; therefore I decline this offer. It is my recollection that I received the vaccines in 19__/200__ at _____. #1 _____ #2 _____ #3 _____

_____ I have tested immune for Hepatitis B; therefore I decline this offer.

Employee Signature

Date

Return completed form to
Risk Control Coordinator/Human Resource Department

Appendix O

Concussion Acknowledgement

PARENT & ATHLETE AGREEMENT

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

Parent Agreement:

I _____ have read the Parent Concussion and Head
(Parent's Name)

Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian

Signature _____ Date _____

Athlete Agreement:

I _____ have read the Athlete Concussion and Head Injury
(Athlete's Name)

Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete

Signature _____ Date _____



Eau Claire Parks & Recreation
915 Menomonie Street
Eau Claire, WI 54703

Phone 715-839-5032
Fax 715-839-1685
Web site www.eauclairewi.gov/pr

Appendix P

Example of an Incident Report



INCIDENT REPORT

The following form is to be completed immediately following an incident.

(It is used to file reports on patron rescues, discipline concerns/problems, and faulty, hazardous, or potentially hazardous equipment. Please complete all applicable parts of the form and submit to your supervisor for review.)

Location (be specific): Sam Dawey Playground Date: 6/21/17 Time: 11:15 ☒ AM ☐ PM
Patron's Name: Herman Potski Patron's Age: 11 Phone: 715-555-4255
Address (street, city, state, zip code): 910 Douglas Lane Eau Claire 54703
Employee Name: True Vang Job Title: Recreation Facility Phone: 715-839-5032

Description of Incident (list all details, be specific):

☐ check here if more information is attached

Herman was playing too aggressively. Staff asked him to be more careful so other children don't get hurt. After being told three times, staff removed Herman from the activity.

Action Taken (if applicable):

Herman was removed from the activity and was told he can re-join when he was willing to follow directions.

Additional Information:

Herman re-joined the activity after five minutes and followed direction well. Parents were notified of the incident

Reviewed by

Site Supervisor: Julie Booth
Program Supervisor: Carrie Ottum
Recreation Manager: Dan Canite

Date: 6/22/17
Date: 6/22/17
Date: 6/22/17

For Fairfax & Indoor Pools Only:

Approx. Bather Load: _____ # of LG on Duty: _____ Water Conditions: _____
Type of Incident (select one): ☐ Rescue ☐ Discipline ☐ Hazardous situation
Name of Parent/Guardian/Daycare w/child at Pool: _____

Appendix Q

Example of an Accident Report



CITY OF EAU CLAIRE PARKS & RECREATION DEPARTMENT Recreation Division

PATRON'S ACCIDENT REPORT

All accidents involving injury to patrons on or off City property while engaged in activity under our supervision, however minor, must be reported.

IMPORTANT! IN CASE OF SERIOUS INJURY, NOTIFY YOUR SUPERVISOR IMMEDIATELY!

INJURED PATRON

NAME Sandy Smith AGE 7 ☐ MALE ☒ FEMALE
ADDRESS 1012 Comet Ave CITY Eau Claire ZIP CODE 54703
HOME TELEPHONE # 715-555-4430 NAME OF PARENT/GUARDIAN Ed + Doris
(IF MINOR)

WITNESSES

NAME Sammy Samuelson JOB TITLE -
ADDRESS 542 E. Locust Blvd Eau Claire TELEPHONE # _____
NAME _____ JOB TITLE _____
ADDRESS _____ TELEPHONE # _____

ACCIDENT

NAME OF FACILITY South Middle School Pool DAY/DATE OF ACCIDENT 4/12/17
SPECIFIC LOCATION Lane 3 Shallow end TIME OF ACCIDENT 7:35 ☐ AM ☒ PM

ACCIDENT DESCRIPTION (what was the patron doing and how did the accident happen?) Be Specific

Sandy scraped 4th toe on right foot on side of pool.
1/4" long scrape/foot. Bled consistently.

INJURY AND DISPOSITION

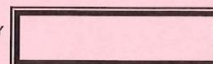
NATURE OF INJURY (Be Specific) Small 1/4" cut on 4th toe of right Foot ☐ Left ☒ Right
TREATMENT GIVEN: ☐ Cleaned ☐ Applied Ice Pack ☒ Bandages ☒ Controlled Bleeding ☐ Splinted
☐ Treated for Shock ☐ Administered CPR ☐ Performed Rescue Breathing
WHO ADMINISTERED TREATMENT? Davey Davidson Jr. JOB TITLE Life guard
DISPOSITION: ☒ Remained in area ☐ Released to parents ☐ Advised to see physician
☐ Sent to hospital ☐ Released to ambulance Name of hospital or ambulance _____

For Office Use

FOLLOW-UP ON INJURY ☐ YES ☒ NO

Final Disposition _____

FOLLOW UP BY



SIGNATURE AND REVIEW

Davey Davidson
SIGNATURE OF PERSON FILING REPORT
Jeffrey Gance
SIGNATURE OF SITE SUPERVISOR
[Signature]
SIGNATURE OF PROGRAM SUPERVISOR REVIEWING REPORT
[Signature]
RECREATION MANAGER

4-12-17
DATE
4-12-17
DATE
4-15-17
DATE
4-15-17
DATE

Appendix R

Example of Refusal of Care Form

CITY OF EAU CLAIRE PARKS AND RECREATION

READ CAREFULLY BEFORE SIGNING

REFUSAL OF FIRST AID CARE AND/OR NOTIFICATION OF ADVANCED MEDICAL PERSONNEL

- A. The undersigned, having been offered First Aid Treatment and/or notification of advanced medical personnel, ambulance, or hospital care, by the Eau Claire Parks and Recreation Department, and having been duly informed that I may have possible or suspected injuries, and having been further informed of the possible consequences of not seeking further medical treatment, do hereby decline and refuse further treatment.
- B. The undersigned hereby agrees to release, save and hold harmless the City of Eau Claire, Eau Claire Parks and Recreation Department, and their management staff, officers, employees and agents from and against any and all liability for the foreseeable consequences arising from my decision not to seek further medical care for my possible or suspected injuries.

**I HEREBY ACKNOWLEDGE THAT I HAVE READ THE FOREGOING REFUSAL AND
RELEASE AND UNDERSTAND ITS CONTENTS.**

Patron's Signature
(If under 18, parent/guardian signature)

DATE:

WITNESSED BY:

Name

Patron's Name (Please Print)

Patron's Address

Patron's Telephone Number

Patron's Date of Birth

Monthly Mileage Report

U:\Recreation\Recreation Administration\Forms

Use the electronic version of this form

Monthly Mileage Report

EMPLOYEE NAME:

EMPLOYEE #:

Month/Yr: June 2018

Payroll Div/Dept: P&R-Rec

[illegible]

Employee Signature

Date:

Supervisor Signature

Date:

Appendix T
Mileage Authorization Form

City of Eau Claire

AUTHORIZATION FOR MILEAGE REIMBURSEMENT

Name _____ Job Title _____

Department _____ DL#: _____

Insurance Requirements

Bodily Injury: \$100,000 per person/\$300,000 per accident

Property Damage: \$25,000 or \$300,000 combined single limit

Uninsured Motorist: \$100,000 per person/\$300,000 per accident or \$300,000 combined single limit

Underinsured Motorist: \$100,000 per person/\$300,000 per accident or \$300,000 combined single limit

A Certificate of Insurance needs to be provided to the Finance Department.

You will be required to notify the Finance Department/Payroll Division if your automobile liability insurance terminates or if your limits of liability decrease midyear.

Please have your insurance company or agent mail or fax the certificate of insurance to:

City of Eau Claire
Department of Finance, Payroll Division
PO Box 5148
Eau Claire, WI 54702-5148
Fax: (715)839-5159

Employee Signature _____

Department Director _____

Appendix U

Personal Automobile Insurance Employee Acknowledgement Form

City of Eau Claire

Personal Automobile Insurance Employee Acknowledgement

I certify that:

- My personal automobile insurance coverage will continue to meet or exceed the City of Eau Claire's minimum requirements.
- I agree to report all accidents that occur while I am operating my vehicle on City work time to my personal auto insurer and City Risk Management.
- I understand that I must have a valid driver's license.
- I agree to allow the City, through its designated representative, to visually check the odometer of my vehicle.
- I further understand that my personal auto liability insurance will constitute primary liability coverage for any bodily injury or property damage to another party or passenger within my vehicle while my vehicle is used on official City business. The insurance purchased on a specific vehicle is always "primary," meaning the policy covering my vehicle pays first before any other policy.

Dated and signed this ____ day of _____, 20____.

Employee Signature_____

Appendix V

Facts for Injured Workers

What to do if you are injured at work

If you are injured while at work, you must notify your supervisor of your injury as soon as possible. If you have an emergency situation, get medical treatment immediately at your nearest urgent care clinic or emergency room. If the injury is less urgent, make an appointment with a primary care physician of your choice. Let your medical provider know the injury happened at work.

First Report of Injury/ Accident/Property Damage Report

The first report of injury must be completed anytime that an on-the-job injury has occurred. The report needs to be completed even if you do not seek medical attention. The completed report must be sent to the Risk Management Department within ONE working day of the injury for processing.

Return to Work Evaluation

If your injury requires the medical attention of a physician, the Return to Work Evaluation must be completed by the attending physician and returned to your supervisor upon completion of the office visit. (These forms are available from you supervisor.) The supervisor should keep a copy and a copy will be sent to the Risk Manager. If further office visits are required, the Return to Work Evaluation must be completed, returned and distributed after each office visit. (The Return to Work Evaluation does not need to be completed after each office visit if the treatment is required once a week or more, i.e. weekly chiropractic or physical therapy treatment). However, you need to keep your supervisor updated on your medical condition.

Modified Duty Work

The Return to Work Evaluation will indicate if you are able to return to your regular job or perform some type of modified duty work. If modified duty work is indicated, the supervisor may develop a temporary assignment that meets the restrictions outlined by the physician.

Who pays the medical bills?

The City of Eau Claire is self-insured for workers' compensation and as such will pay your medical expenses, prescriptions and mileage. The City hires a Third Party Administrator (TPA) to manage the workers' compensation claims. Send any bills you receive to the Risk Management Office or the TPA. Mileage reimbursement forms can be obtained from the Risk Management office or from Summit Adjusting Service.

How is Compensation Paid?

City of Eau Claire employees remain on the City payroll while on workers' compensation leave. Therefore, you are not subject to the workers compensation-waiting period. You will continue to receive your check on your normal payroll date. Benefits will be paid according to your union's bargaining agreement.

Wisconsin Work Requirements For Minors

Hours and Times of Day Minors May Work in Wisconsin

State and federal laws do not limit the hours that minors 16 years of age or over may work, except that they may not be employed or permitted to work during hours of required school attendance under Wis. Stat. § 118.15.

State and federal laws also permit minors under 16 to work up to seven days per week in the delivery of newspapers and agriculture. In most other types of labor, minors under 16 may only work six days a week.

Most employers must obtain work permits for minors before permitting them to work. For further information, see the Wisconsin Employment of Minors Guide (ERD-4758-P).

Maximum Hours of Work for 14 & 15 year-old minors	After Labor Day through May 31	June 1 through Labor Day
Daily Hours		
Non-School Days	8 hours	8 hours
School Days	3 hours	3 hours
Weekly Hours		
Non-School Weeks	40 hours	40 hours
School Weeks	18 hours	18 hours
Permitted Time of Day	7am-7pm	7am-9pm

Employers subject to both federal and state laws must comply with the more stringent section of the two laws.

State child labor laws prohibit work during times that minors are required to be in school, except for students participating in work experience and career exploration programs operated by the school.

Minors under 16 years of age are limited to the maximum hours and time of day restrictions even though they may work for more than one employer during the same day or week.

Minors under 14 years of age are allowed to work in certain occupations (e.g., street trades, agriculture, and work in school lunch programs. See the Wisconsin Employment of Minors Guide, ERD-4758-P, for more detail). These minors are subject to the same hourly and time of day restrictions as minors who are 14 or 15 years of age.

Minors under 18 years of age may not work more than 6 consecutive hours without having a 30-minute, duty free meal period.

Minors 16 & 17 years of age who are employed after 11:00 pm must have 8 hours of rest between the end of one shift and the start of the next shift.

Minimum Wage for minors is \$7.25 per hour. Employers may pay an "Opportunity Wage" of \$5.90 per hour for the first 90 days of employment. On the 91st day, the wage must increase to \$7.25 per hour.

For further information about the federal child labor laws call (608) 441-5221, or write to U.S. Department of Labor, Wage & Hour, 740 Regent Street, Suite 102, Madison, WI 53715.

For further information about the state child labor laws, call the Equal Rights Division in Madison (608) 266-6860 or Milwaukee (414) 227-4384.

DEPARTMENT OF WORKFORCE DEVELOPMENT - EQUAL RIGHTS DIVISION

PO BOX 8928 MADISON WI 53708

Telephone: (608) 266-6860 TTY: (608) 264-8752

Website: <http://dwd.wisconsin.gov/er/>

The Department of Workforce Development is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format or need it translated to another language, please contact us.

Appendix X

Personnel Orientation Checklist



Eau Claire Recreation Services Personnel Orientation & Training Checklist

First and Last Name: _____

Work Assignment: _____ Direct Supervisor: _____

Please mark each box with an "X".

All required steps MUST be completed prior to your first scheduled work assignment

ALL STAFF		
<input type="checkbox"/>	Receive, sign, and return Confirmation of Employment form to direct supervisor	3 days after receiving form
<input type="checkbox"/>	Complete Payroll Paperwork at City Hall Human Resources Department	Submit at least 2 weeks prior to first scheduled work assignment
<input type="checkbox"/>	Review Recreation Services Employee Manual (prior to orientation)	Review annually
<input type="checkbox"/>	Attend General Staff Orientation Date: ____/____/____ Time: ____ Location: ____	Attend annually
<input type="checkbox"/>	Sign Employee Policy/Procedures Acknowledgement Form	To be completed at General Orientation
<input type="checkbox"/>	Purchase or order uniform (if required)	Submit at least 2 weeks prior to first scheduled work assignment
<input type="checkbox"/>	Activate When to Work account	Immediately after receiving When to Work e-mail notification
<input type="checkbox"/>	Attend specific job orientation/training Date: ____/____/____ Time: ____ Location: ____	Date and time will be provided by direct supervisor

PROGRAM PLANNERS AND FACILITY SPECIALISTS ONLY		
<input type="checkbox"/>	Attend Program Planners/Facility Specialists Orientation Date: ____/____/____ Time: ____ Location: ____	Direct Supervisor will provide you with date and time
<input type="checkbox"/>	Complete verification of insurance and mileage forms	1-2 weeks prior to start date

PROGRAM PLANNERS, FACILITY SPECIALISTS, & FACILITY ASSISTANTS ONLY		
<input type="checkbox"/>	Receive Hobbs Ice Center Fob and Security Code	Direct Supervisor will coordinate with Hobbs Facility Supervisor
<input type="checkbox"/>	Receive facility keys (if necessary)	Direct Supervisor will coordinate with Front Office Administration
<input type="checkbox"/>	Attend computer training with IS Date: ____/____/____ Time: ____ Location: ____	Direct Supervisor will provide you with date and time

Employee Signature

Date Submitted

Employee Information and Employment Paperwork
www.eauclairewi.gov/newhire

Equipment Inspection Check List

Equipment #

168

Date:

3/26/19

Inspected By:

Vesley Mako

Supervisor:

Chad

#	Items	OK	Comments
1	Lights & Horn (Headlights/Marker/Strobes)	✓	
2	All Gauges (Lit & Working)	✓	
3	Fuel (Min! 3/4 to Full)	✓	just over half
7	Controller & Fan (Heater/Defroster/AC Working)	✓	
8	Check Seat Suspension & Adjustment Controls	✓	
9	Check Seat Belt (Clean & Working)	✓	
10	Mirrors (Not Missing/Broken/Brackets Tight/Clean)	✓	
11	Fire Extinguisher (Present/Validated & Current)	✓	
13	Clean Cab (Report! if A lot of Garbage Left & Cab is Bad)	✓	
14	Wash Windows (Inside & Out)	✓	
15	Windows (Operation/Cracks/Chips/Wiper Abrasion)	✓	
16	Wiper Blades (Check Operation/Cracks)	✓	
17	Windshield Washer Fluid (Full)	✓	
21	Engine Oil (Full with Proper Type & WT.)	✓	
24	Tires (Good Condition & Tread Depth/Proper Air)	✓	

Understand the Weather

Wind-Chill



- 30° is *chilly* and may be *uncomfortable*
- 15° to 30° is *cold*
- 0° to 15° is *very cold*
- -20° to 0° is *bitter cold* with significant risk of *frostbite*
- -20° to -60° is *extreme cold* and *frostbite* is likely

Heat Index



- 78° or below is considered *comfortable*
- 85° beginning to feel *uncomfortable*
- 90° *uncomfortable* and may be *hazardous*
- 100° considered *dangerous*

All temperatures are in degrees Fahrenheit

Child Care Weather Watch Wisconsin


Wind-Chill Factor Chart (in Fahrenheit)										
Air Temperature	Wind Speed in mph									
	Calm	5	10	15	20	25	30	35	40	
40	40	36	34	32	30	29	28	28	27	
30	30	25	21	19	17	16	15	14	13	
20	20	13	9	6	4	3	1	0	-1	
10	10	1	-4	-7	-9	-11	-12	-14	-15	
0	0	-11	-16	-19	-22	-24	-26	-27	-29	
-10	-10	-22	-28	-32	-35	-37	-39	-41	-43	


Comfortable for out door play
 Caution
 Danger


Heat Index Chart (in Fahrenheit %)												
Air Temperature (F)	Relative Humidity (Percent)											
	40	45	50	55	60	65	70	75	80	85	90	95
80	80	80	81	81	82	82	83	84	84	85	86	87
84	83	84	85	86	88	89	90	92	94	96	98	100
90	91	93	95	97	100	103	105	109	113	117	122	127
94	97	100	103	106	110	114	119	124	129	135		
100	109	114	118	124	129	130						
104	119	124	131	137								

Child Care Weather Watch - Wisconsin

Watching the weather is part of a child care provider's job. Planning for playtime, field trips, or weather safety is part of the daily routine. The changes in weather require the child care provider to monitor the health and safety of children. What clothing, beverages, and protections are appropriate? **Clothe** children to maintain a comfortable body temperature (warmer months - lightweight cotton, colder months - wear layers of clothing). **Beverages** help the body maintain a comfortable temperature. Water is best. Avoid high-sugar content beverages and soda pop. **Sunscreen** should be used year around. Use a sunscreen labeled as SPF-15 or higher. Read and follow all label instructions for the sunscreen product. Look for sunscreen with UVB and UVA ray protection. **Shaded** play areas protect children from the sun.

 Condition **GREEN** - Children may play outdoors and be comfortable. Watch for signs of children becoming uncomfortable while playing. Use precautions regarding clothing, sunscreen, and beverages for all child age groups.
INFANTS AND TODDLERS are unable to tell the child care provider if they are too hot or cold. Children become fussy when uncomfortable. Infants/toddlers will tolerate shorter periods of outdoor play. Dress infants/toddlers in lightweight cotton or cotton-like fabrics during the warmer months. In cooler or cold months dress infants in layers to keep them warm. Protect infants from the sun by limiting the amount of time outdoors and playing in shaded areas. Give beverages when playing outdoors.
YOUNG CHILDREN remind children to stop playing, drink a beverage, and apply more sunscreen.
OLDER CHILDREN need a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens). They may resist applying sunscreen and drinking beverages while outdoors.

 Condition **YELLOW** - use caution and closely observe the children for signs of being too hot or cold while outdoors. Clothing, sunscreen, and beverages are important. Shorten the length of outdoor time.
INFANTS AND TODDLERS should play indoors in the winter during Condition Yellow periods. Ensure that children have ample space for large motor play. During the summer months, clothing, sunscreen, and beverages are important. Shorten the length of time for outdoor play.
YOUNG CHILDREN may insist they are not too hot or cold because they are enjoying playtime. Child care providers need to structure the length of time for outdoor play for the young child.
OLDER CHILDREN need a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens), applying sunscreen and drinking liquids while playing outdoors.

 Condition **RED** - children should not play outdoors due to the health risk.
INFANTS/TODDLERS should play indoors and have ample space for large motor play.
YOUNG CHILDREN may ask to play outside and do not understand the potential danger of weather conditions.
OLDER CHILDREN may play outdoors for very short periods of time if they are properly dressed, have plenty of fluids. Child care providers must be vigilant about maximum protection of children.

Understand the Weather

The weather forecast may be confusing unless you know the meaning of the words.

Blizzard Warning: There will be snow and strong winds that produce a blinding snow, deep drifts, and life threatening wind chills. Seek shelter immediately.

Heat Index Warning: How hot it feels to the body when the air temperature (in Fahrenheit) and relative humidity are combined.

Relative Humidity: The percent of moisture in the air.

Temperature: The temperature of the air in degrees Fahrenheit.

Wind: The speed of the wind in miles per hour.

Wind Chill Warning: There will be sub-zero temperatures with moderate to strong winds expected which may cause hypothermia and great danger to people, pets and livestock.

Winter Weather Advisory: Weather conditions may cause significant inconveniences and may be hazardous. If caution is exercised, these situations should not become life threatening.

Winter Storm Warning: Severe winter conditions have begun in your area.

Winter Storm Watch: Severe winter conditions, like heavy snow and ice are possible within the next day or two.

Child Care Weather Watch – Wisconsin was modified from an Iowa Department Public Health, Healthy Child Care Iowa document. Wind-Chill and Heat Index information is from the National Weather Service.

Employee Policy/Procedures Acknowledgement Form

Please initial in the boxes then sign and date at the bottom.

☐

Drug & Alcohol-Free Workplace

I have read and understand the City of Eau Claire's policy regarding a drug and alcohol-free workplace as mentioned on page 15, in the text.

☐

Sexual & Workplace Harassment

I acknowledge that I have read and understand the terms of the harassment training as mentioned on page 16, in the text.

☐

Electronic Communication Policy

I acknowledge that I have read and agree to the terms stated in the City of Eau Claire's Electronic Communication Policy as stated on page 13, in the text (**Appendix C**).

☐

Blood Borne Pathogen I have read and agree to follow the policies and procedures listed in the Infection Control Plan as written in page 22, in the text.

☐

Hepatitis Refusal/Acceptance

Please review the Hepatitis Refusal/Acceptance course of action within the employee manual on page 22 in the text as well as the acceptance/declination intent form (**Appendix N**). Please choose one of the following:

☐ I accept the City provided Hepatitis B vaccine in 3 series over 6 months.

☐ I decline the Hepatitis B vaccinations. I understand that in declining this vaccine, I could be at risk for acquiring Hepatitis B.

☐

Hazard Communications

I acknowledge that I have read and understand the terms of the Hazard Communications training as mentioned on page 21, in the text (**Appendix O**).

I have received and/or been given access to the Policies & Procedures Training Handbook. I understand and agree to follow all policies and procedures as stated within. If I have questions or concerns, I will speak with my immediate supervisor.

Employee Printed Name

Employee Signature

Date